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COUNTY COUNCIL OF
NOTTINGHAMSHIRE.

ANNUAL REPORT

ON THE

HEALTH AND HEALTH SERVICES
OF THE COUNTY.

FOR THE YEAR 1932.

CHRISTOPHER TIBBITS,
M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Oxon.),
COUNTY MEDICAL OFFICER.



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COUNTY MEDICAL OFFICER.

CONTENTS.

	PAGE		PAGE
PUBLIC HEALTH AND HOUSING COMMITTEE	3	SANITARY CIRCUMSTANCES OF THE AREA	68
PUBLIC HEALTH OFFICERS OF THE AUTHORITY	4	Water Supplies	68
MEDICAL OFFICERS OF HEALTH OF COUNTY DISTRICTS	15	Prevention of Pollution of Rivers and Streams	73
INTRODUCTION	16	Industrial Pollution	73
STATISTICS AND NATURAL AND SOCIAL CONDITIONS OF THE AREA	22	Sewerage and Sewage Disposal	76
VITAL STATISTICS	23	Rivers and Streams	79
Census, 1931	24	Statistics	79
Births	24	Closet Accommodation	79
Deaths	26	Refuse Collection and Disposal	80
Deaths of Infants under one year of Age	28	Sanitary Inspection of the Area	80
THE LOCAL GOVERNMENT ACT, 1929	30	Smoke Abatement	81
County Institutions	30	Offensive Trades	81
Co-ordination in use of Institutions with other Public Health Services	33	Lodging Houses, Tents, Vans and Sheds	81
Domiciliary Medical Relief	33	Rag Flock Acts, 1911 and 1928	82
Section 46 (Revision of County Districts)	33	HOUSING	83
Section 57 (Assistance to District Authorities in Water Supply	33	Housing (Rural Authorities) Act, 1931	83
Sewerage and Sewage Disposal)	33	Housing Act, 1930	84
Section 58 (Medical Officers of Health)	34	Housing (Rural Workers) Acts, 1926 and 1931	85
Section 63 (Isolation Hospital Accommodation)	34	INSPECTION AND SUPERVISION OF FOOD	86
GENERAL PROVISION OF HEALTH SERVICES IN THE AREA	35	Milk	86
Nursing in the Home	35	Milk (Special Designations) Order, 1923	89
Pathological Laboratory	37	Inspection of Meat and other Foods	89
Hospitals in the County (or County Borough serving the County Population)	38	Food and Drugs (Adulteration) Act, etc.	89
Institutional Provision for Unmarried Mothers	38	PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES	93
Institutional Provision for Mental Defectives	38	Cerebro-Spinal Fever	93
Ambulance Provision	38	Small Pox	94
Clinics and Treatment Centres	45	Scarlet Fever	94
MATERNITY AND CHILD WELFARE	47	Diphtheria	95
Maternal Mortality	47	Enteric Fever	95
Neo-Natal Mortality	48	Puerperal Fever and Pyrexia	96
Administration of Midwives Acts, 1902-1926	48	Pneumonia	96
Medical Aid	49	Other Infectious Diseases	97
Ante-natal Work	50	PUBLIC VACCINATION	97
Eye Discharge in the Newborn	50	TREATMENT OF TUBERCULOSIS	98
Post Graduate Course	51	Comparative Statement of Work Done under the Tuberculosis Scheme	99
Midwifery Services by Notts. Nursing Federation	51	Supplementary Annual Return, Form T145a.	100
Nursing and Maternity Homes	51	Medical Staff	100
Puerperal Fever and Puerperal Pyrexia Regulations, 1926	51	Dispensary Organisation	100
County Council Area for Maternity and Child Welfare	52	New Cases	101
Health Visiting	53	Contacts	101
Child Welfare Centres	53	Treatment	102
Ante-natal Clinics	56	Domiciliary Treatment	102
Consultant Service	59	Ancillary Services	102
Hospital Treatment for Complicated Maternity	59	Work of the Health Visitors	103
Provision of Maternity Outfits	60	After-Care	104
Dental Treatment for Expectant Mothers and Children under five	60	Public Health (Prevention of Tuberculosis) Regulations, 1925	104
The Pre-School Child	60	Public Health Act, 1925 (Section 62)	104
The Treatment of the Pre-School Child	62	New Cases and Mortality	105
Enlarged Tonsils and Adenoids	62	Domiciliary Supervision and Treatment of Necessitous Tuberculous Persons	105
Orthopaedic Defects	62	Residential Treatment	105
Defects of Vision	62	The Ransom Sanatorium	107
Supply of Milk to Expectant and Nursing Mothers and Children under five	62	Post-Institutional After-Care	107
Referred Poor Law Functions	63	BLIND PERSONS ACT, 1920	123
Domiciliary Midwifery	63	Registration	123
Provision of Milk on Medical Grounds	63	Relief of the Necessitous Blind	123
Children's Homes and Boarded out Children	64	Relief of Dependents of Blind Persons	123
Infant Life Protection	66	Home Workers and Workshop Employees	124
Adoption of Children Act, 1926	67	Home Teachers	124
		VENEREAL DISEASES	125
		Table of Venereal Diseases Treatment Centres	127
		HEALTH INSTRUCTION, Propaganda	129
		STATISTICAL TABLES :	
		Vital Statistics	i., ii., iii., vii.
		Causes of Death	iv., v., vi.
		Infectious Diseases	viii., ix.
		Tuberculosis	x.—xxvi.
		Midwives Acts, Causes for which Medical Help was sought	xxvii.
		Public Vaccination	xxviii.—xxxi.
		Housing	xxxii., xxxiii.



Public Health and Housing Committee.†

Chairman :

ALDERMAN W. BAYLISS.

Ex-officio :—ALDERMAN MAJOR T. P. BARBER, D.S.O., T.D., D.L.
COUN. THE RT. HON. VISCOUNT GALWAY, D.S.O., O.B.E.*Aldermen :*

DERBYSHIRE, J. D.

JOHNSON, G.

ROLLESTON, COLONEL SIR LANCELOT, K.C.B., D.S.O.

Councillors :

ANDERSON, J. R.

BANKS, T. E.

BARKER, J.

BELPER, THE RT. HON. LORD

BROWN, C., M.P.

CANTRILL, J. J.

CAUDWELL, C. G.

CHANDLER, J. M., M.B.E.

COX, MRS. B.

CRESWELL, A. T.

DODSLEY, L.

GABBITAS, J.

HANSON, W. G.

HARDY, J. H.

HARLOW, W. H.

HOLLAND, M.

KAYSER, MRS. K. L.

KIRK, C. C.

McLOUGHLIN, MRS. A.

NALL, COL. SIR JOSEPH, D.S.O., T.D.,

PUGH, J. H. M.P.

RAVEN, H. J.

RAYNER, C.

SAVILE, THE LADY

SHIPSIDE, T.

SPENCER, G.

TAYLOR, G. E.

TURNER, MAJOR D. WARNER

WARWICK, W. A.

WILCOX, A.

WRIGHT, H. C.

Maternity and Child Welfare Committee.†

Chairman :

ALDERMAN W. BAYLISS.

Ex-officio :—ALDERMAN MAJOR T. P. BARBER, D.S.O., T.D., D.L.
COUN. THE RT. HON. VISCOUNT GALWAY, D.S.O., O.B.E.*Alderman :*

JOHNSON, G.

Councillors :

ANDERSON, J. R.

BARKER, J.

CANTRILL, J. J.

COX, MRS. B.

CURTIS, MAJOR T. L. C.

CRESWELL, A. T.

GREEN, W. P.

HARDY, J. H.

HOLLAND, M.

KAYSER, MRS. K. L.

KIRK, C. C.

PUGH, J. H.

RAVEN, H. J.

SAVILE, THE LADY

SHIPSIDE, T.

SPENCER, G.

SUMNER, J.

TURNER, MAJOR D. WARNER

Added Members :

MISS W. M. BLAGG

MRS. T. SHIPSIDE

THE LADY MAUD ROLLESTON, C.B.E. MRS. E. WAINWRIGHT

† 31st July, 1933.

Public Health Officers of the Authority.

(Brought up-to-date to 31st July, 1933).

County Medical Officer—

A. C. TIBBITS, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officer—

G. G. BUCHANAN, M.B., Ch.B., D.P.H.

Second Assistant County Medical Officer (employed half-time on administrative duties)—

C. W. W. JEREMIAH, M.R.C.S., L.R.C.P., D.P.H.

Senior Tuberculosis Officer—

L. W. HEARN, M.B., B.S., D.P.H.

Tuberculosis Officer—

W. H. BROWN, M.B., Ch.B., D.P.H. (appointed 1st October, 1932).

Assistant Medical Officers for Maternity and Child Welfare and for School Medical Inspection—

†J. M. H. CONWAY, D.S.O., F.R.C.S.I., L.R.C.P., D.P.H.

MISS A. M. OGILVIE, M.A., M.B., Ch.B., D.P.H.

MISS J. M. CUMMINS, B.A., M.B., Ch.B., B.A.O., L.M., D.P.H.

MISS E. DOUGLAS, M.B., Ch.B., D.P.H.

Assistant Medical Officer for Maternity and Child Welfare—

MISS M. B. WALKER, M.B., Ch.B., D.P.H.

Part-time Assistant Medical Officer for Maternity and Child Welfare—

E. BERTRAM SMITH, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers—

*J. FERGUSON, M.B., Ch.B., D.P.H.

**P. H. DEENY, M.B., Ch.B., B.A.O., D.P.H.

***C. ROSS, M.D., D.P.H.

Senior Dental Officer—

D. E. MASON, L.D.S.

School Dental Officers—

B. B. WESTLAKE, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S.

F. N. HARRISON, L.D.S.

R. R. MACLEAN, L.D.S.

A. G. TAYLOR, L.D.S.

G. E. MORGAN, L.D.S., H.D.D.

K. G. HYLAND, L.D.S.

C. E. FITTON, L.D.S.

C. E. GODFREY, L.D.S.

Appointed 14th November, 1932.

†Medical Officer of Health, East Retford Borough and Rural District.

*Medical Officer of Health, Mansfield Woodhouse and Huthwaite Urban Districts.

**One Session per month devoted to Maternity and Child Welfare.

***One Session per fortnight devoted to Maternity and Child Welfare.

RANSOM SANATORIUM—

Medical Superintendent—

C. L. C. CROWE, M.D.

Assistant Resident Medical Officer—

MISS E. R. GALLOWAY, M.B., Ch.B.

Matron—

MISS E. WALMSLEY—

and Sixty other Staff.

CONSULTANTS.

Orthopædic—Ransom Sanatorium—

S. A. S. MALKIN, M.B., B.S., F.R.C.S.E.

Radiologist—Ransom Sanatorium—

R. A. C. RIGBY, L.R.C.P., L.R.C.S., L.R.F.P.S.

Radiologist—

W. J. MOWAT, M.B., Ch.B., D.R.

Ear, Nose and Throat—

H. BELL TAWSE, M.B., Ch.B., F.R.C.S.

Puerperal Fever and Puerperal Pyrexia Regulations and Obstetric and Ante-Natal Services—

W. R. SMITH, M.D., B.S., F.R.C.S., L.R.C.P., L.S.A.

G. A. ROBINSON, M.D., B.S., M.R.C.S., L.R.C.P., L.D.S., R.C.S.

A. M. WEBBER, M.B., M.S., F.R.C.S., L.R.C.P.

M. H. PHILLIPS, M.B., B.S., F.R.C.S.

W. W. KING, M.B., Ch.B., F.R.C.S., L.R.C.P.

R. B. PURVES, M.B., C.M., F.R.C.S.

W. H. B. BROOK, M.D., F.R.C.S., L.R.C.P.

H. JORDAN MALKIN, M.B., B.S., F.R.C.S., L.R.C.P.

COUNTY INSTITUTIONS.

General Surgery—

C. H. ALLEN, M.B., Ch.B., F.R.C.S.

F. CROOKS, M.B., Ch.M., B.A.O., F.R.C.S.

J. L. DAVIES, B.A., M.B., Ch.B., F.R.C.S., L.R.C.P.

E. F. FINCH, M.S., M.D., Ch.B., F.R.C.S.

F. C. GREIG, F.R.C.S., L.R.C.P.

R. G. HOGARTH, F.R.C.S., L.R.C.P.

W. F. NEIL, B.Sc., M.B., Ch.B., F.R.C.S.

General Medicine—

A. E. BARNES, M.B., Ch.B., F.R.C.P.

P. H. O'DONOVAN, M.B., B.S., M.R.C.S., L.R.C.P.

F. H. JACOB, M.D., F.R.C.P.

W. T. ROWE, M.D., B.S., M.R.C.P.

J. W. SCOTT, M.D., Ch.B., M.R.C.P.

H. S. WALLACE, M.B., Ch.B.

Orthopædics—

S. A. S. MALKIN, M.B., B.S., F.R.C.S.E.

Obstetrics and Gynæcology—

MISS GLEN BOTT, M.B., B.S., M.R.C.S., L.R.C.P.
 W. W. KING, M.B., Ch.B., F.R.C.S., L.R.C.P.
 H. JORDAN MALKIN, M.B., B.S., F.R.C.S., L.R.C.P.
 M. H. PHILLIPS, M.B., B.S., F.R.C.S.
 G. A. ROBINSON, M.D., B.S., M.R.C.S., L.R.C.P., L.D.S., R.C.S.
 W. R. SMITH, M.D., B.S., F.R.C.S., L.R.C.P., L.S.A.
 A. M. WEBBER, M.B., M.S., F.R.C.S., L.R.C.P.

Diseases of the Ear, Throat and Nose—

E. J. GILROY GLASS, M.B., Ch.B.
 H. BELL TAWSE, M.B., Ch.B., F.R.C.S.
 A. R. TWEEDIE, F.R.C.S., L.R.C.P.

Diseases of the Eye—

N. P. R. GALLOWAY, M.B., Ch.B., D.O.
 THOMSON HENDERSON, M.D., Ch.B.
 A. CHRISTIE REID, M.A., B.Sc., M.D., Ch.B.

Treatment of Malignant Diseases by Radium and Radiology—

F. C. HUNT, M.B., B.S., F.R.C.S., L.R.C.P.

Treatment of Venereal Diseases—

J. C. BUCKLEY, M.D., Ch.B.

Specialist Medical Officer for Venereal Diseases—

J. C. BUCKLEY, M.D., Ch.B.

Assistant Specialist Medical Officers for Mansfield—

N. C. L. TWEEDIE, M.B., Ch.B.
 P. M. GETTLESON, M.D., C.M.

*Specialist Medical Officer under the Cerebro-Spinal Fever Regulations.
1919—*

F. H. JACOB, M.D., F.R.C.P.

Chief Veterinary Officer—

H. L. TORRANCE, M.R.C.V.S., D.V.S.M. (VICT.)

Part-time Veterinary Officers—

T. LUDLOW, M.R.C.V.S.
 S. LITTLER, M.R.C.V.S.
 L. AUCHTERLONIE, M.R.C.V.S.
 J. GODBER, M.R.C.V.S.
 R. HUDSON, F.R.C.V.S.
 T. BOWETT, M.R.C.V.S.
 P. M. EVERSLED, M.R.C.V.S.

Rivers Inspector—

‡F. WRIGLEY.

Chief Clerk and County Sanitary Inspector—

‡W. L. RICHARDSON.

Assistant Inspector of Midwives—

†*MISS F. M. KIRKBY. Appointed 18th January, 1932.

Superintendent Health Visitors—

**†*MISS E. R. BENNETT.
 **†*MRS. M. E. SLEIGH.

‡Certificate of the Royal Sanitary Institute for Sanitary Inspectors.

†Certificate of the Central Midwives Board.

*Hospital Trained Nurse.

**New Health Visitor's Certificate of the Royal Sanitary Institute.

Health Visitors carrying out all duties under combined Scheme—

- †*MISS G. CREASEY.
- †*MISS E. A. WHITAKER.
- †*MISS E. M. ADKIN.
- †*MISS L. FIRTH.
- †*MISS E. C. TAYLOR.
- ‡†*MRS. E. E. ATKINSON.
- **†*MISS A. E. NICHOLAS.
- **†*MISS M. PITCHER.
- **†*MISS F. E. JENNINGS.
- **†*MISS R. A. WARREN.
- **†*MISS I. PREEDY.
- †*MISS C. MOORE.
- **†*MISS E. M. SINGLE.
- **†*MISS E. WORTHINGTON. Appointed 2nd January, 1933.
- **†*MISS W. K. WILMOT. „ 27th March, 1933.
- **†*MISS E. A. BRAGG.

Health Visitors carrying out duties in connection with Maternity and Child Welfare and School Medical Service—

- †*MISS M. HALL.
- **§†*MRS. H. BRATLEY.
- ‡†*MISS A. M. REID.
- *†§**MRS. E. J. BROWN.
- **†*MISS B. A. HOOPER.
- **†*MISS I. OLIVER.
- **†*MISS E. RAITHBY.
- †*MISS R. A. SMITHURST.
- **†*MISS E. L. WINFIELD.
- **†*MISS F. A. JONES.
- **†*MISS H. JONES.
- **†*MISS E. M. JONES.
- **†*MISS G. E. JOHNSTON.
- **†*MISS S. MCCARTHY.
- **†*MISS M. E. SCHOFIELD.

Health Visitor carrying out duties in connection with Tuberculosis Visiting and School Medical Service—

- †*MISS M. J. JONES. Appointed 5th September, 1932.

Health Visitors for Maternity and Child Welfare only—

- ‡†MRS. M. E. RAWSON.
- ‡†MISS E. HORNE.

Tuberculosis Health Visitors—

- *MISS D. BAYLE.
- †*MISS M. M. GRAFTON.

Nurses carrying out duties for School Medical Service only—

- *MISS E. BARKER.
- *MISS B. PEARSON.
- *MISS A. B. DAVIES.

‡Certificate of the Royal Sanitary Institute for Sanitary Inspectors.

†Certificate of the Central Midwives Board.

*Hospital Trained Nurse.

**New Health Visitor's Certificate of the Royal Sanitary Institute.

§Certificate of the Royal Sanitary Institute for Health Visitors.

Nurses carrying out duties for School Medical Service only—contd.—

†*MISS M. C. McHUGH.

†*MISS L. G. MOAKES.

Dental Nurses—

*MISS T. HARDING.

*MISS D. M. CORDON.

*MISS E. H. STOKES.

†*MISS M. A. SPINKS.

†*MISS C. M. GROCOCK.

*MISS N. I. PARBERY.

†*MISS A. M. WATERLAND.

**†*MISS C. V. MALSON. Appointed 29th August, 1932.

Venereal Diseases Nurse—

*MISS F. E. CHAPMAN.

Venereal Diseases Orderly—

J. W. LONG.

Infant Protection Visitors—

COUNTY MEDICAL OFFICER.

ASSISTANT COUNTY MEDICAL OFFICER.

MISS E. R. BENNETT.

MRS. M. E. SLEIGH.

And all Health Visitors having duties in connection with
Maternity and Child Welfare.*Home Teachers under Blind Persons Act, 1920—*

||MISS E. A. LEWIS.

||MISS G. F. M. WHITFIELD.

||MISS M. L. McDEARMID.

†Certificate of the Central Midwives Board.

*Hospital Trained Nurse.

**New Health Visitor's Certificate of the Royal Sanitary Institute.

||Home Teacher's Certificate of the College of Teachers of the Blind.

PUBLIC VACCINATORS AND DISTRICTS.

AS AT 31ST DECEMBER, 1932.

DOCTOR.	ADDRESS.	DISTRICT AND POPULATION.	PARISHES INCLUDED IN DISTRICT.
Dr. W. Thomson	The Green, Gringley-on-the-Hill.	District No. 1 Population 2,026	Gringley - on - the - Hill, Wiseton, Clayworth, Beckingham, Saundby.
Dr. T. Elliott	Springfield, Misterton.	District No. 2 Population 3,217	Misterton, West Stock- with, Walkeringham.
Dr. W. F. Ward	Bawtry (Yorks.)	District No. 3 Population 3,860	Finningley, Misson, Everton, Scaftworth, Harworth, Scrooby, Mattersey, Ranskill.
Dr. T. F. J. Ryan	Doncaster Road, Langold, Worksop.	District No. 4 Population 2,676	Carlton - in - Lindrick, Hodsock, Wallingwell, Styrrup - with - Old - cotes, Blyth, Tor- worth.
Dr. H. E. Humphrys	Crown House, East Retford.	District No. 5 Population 5,352	East Retford Borough (East Ward), Bab- worth, Sutton, Lound, Hayton, Barnby Moor, Clarborough.
Dr. E. A. Mackenzie	The Limes, North Leverton.	District No. 6 Population 2,138	North Wheatley, South Wheatley, Bole, West Burton, Sturton, North Leverton with Habblesthorpe, South Leverton, Little- borough, Cottam, Treswell.
Dr. C. E. Droop	Newton-on- Trent.	District No. 7 Population 754	Rampton, Stokeham.
Dr. J. C. Teasdale	Bridge House, Bridgegate, East Retford.	District No. 8 Population 11,314	East Retford Borough (West & South Wards), Eaton, Elkesley, Gam- ston, Grove, Headon- cum-Upton.
Dr. A. R. Wallis	Coila, Carlton Road, Worksop.	District No. 9 Population 24,989	Worksop Urban Dis- trict, Welbeck, Hol- beck, Norton, Cuck- ney, Carburton, Nether Langwith, Woodhouse Hall.
*Dr. P. B. Whittington	Tuxford	District No. 10 Population 4,319	East Drayton, Botham- sall, Laneham, Haugh- ton, Dunham, Bever- cotes, West Drayton, East Markham, West Markham, Askham, Tuxford, Darlton, Ragnall, Fledborough, Marnham, Norman- ton-on-Trent.

* Deceased 21/1/33 and Dr. J. J. Kennedy appointed.

DOCTOR.	ADDRESS.	DISTRICT AND POPULATION.	PARISHES INCLUDED IN DISTRICT.
Dr. C. J. Palmer	Church Street, Mansfield Woodhouse.	District No. 11 Population 14,524	Mansfield Woodhouse Urban District.
Dr. P. H. Court	Norton Cuckney, Mansfield.	District No. 12 Population 10,296	Warsop Urban District, Sookholme.
Dr. A. H. Gifford	The Red House, Ollerton.	District No. 13 Population 3,035	Perlethorpe-cum-Bud- by, Ollerton, Walesby, Boughton, Kirton, Wellow, Ompton, Eg- manton, Laxton-with- Moorhouse, Kneesall, Kersall.
Dr. A. G. Naylor	Grove House, Sutton-on-Trent.	District No. 14 Population 3,378	Weston, Grassthorpe, Sutton-on-Trent, Os- sington, Carlton-on- Trent, Norwell, Nor- well Woodhouse, Cromwell, Caunton, Bathley, North Musk- ham, South Muskham.
Dr. W. Deane	The Old Hall, Collingham, Newark.	District No. 15 Population 2,441	Harby, Wigsley, Spal- ford, Garton, Meering, Besthorpe, South Scarle, North Colling- ham, South Colling- ham, Langford, Holme.
Dr. C. E. Droop	Newton-on- Trent.	District No. 16 Population 676	Broadholme, Thorney, North Clifton, South Clifton.
Dr. O. H. Rogerson	Ashgrove, Edwinstowe.	District No. 17 Population 2,223	Edwinstowe, Clipstone, Rufford, Eakring.
Dr. S. Littlewood	Crow Hill Drive, Mansfield.	District No. 18 Population 45,770	Mansfield Borough.
Dr. J. Gaston	Huthwaite.	District No. 19 Population 6,045	Huthwaite Urban Dis- trict, Teversal, Ful- wood.
Dr. J. Young	West View, Sutton-in- Ashfield.	District No. 20 Population 33,150	Sutton-in-Ashfield Ur- ban District, Skegby.
Dr. A. B. Waller	Ellenslea, Station Street, Kirkby-in- Ashfield.	District No. 21 Population 18,500	Kirkby-in-Ashfield Urban District.
Dr. E. B. Smith	Woodlands, Rainworth, Mansfield.	District No. 22 Population 3,835	Blidworth, Haywood Oaks, Lindhurst.
Dr. R. W. Nairn	Farnsfield.	District No. 23 Population 2,200	Maplebeck, Winkburn, Hockerton, Kirkling- ton, Bilsthorpe, Farns- field, Edingley, Halam.

DOCTOR.	ADDRESS.	DISTRICT AND POPULATION.	PARISHES INCLUDED IN DISTRICT.
Dr. E. Lloyd	Edgehill, Southwell.	District No. 24 Population 4,819	Kelham, Averham, Upton, Staythorpe, Rolleston, Southwell, Fiskerton - cum - Morton, Halloughton.
Dr. H. F. Hine	The Ivies, Newark-on-Trent.	District No. 25 Population 23,409	Winthorpe, Coddington, Barnby-in-the-Willows-with-Flawford, Newark-on-Trent (Borough), Balderton, Hawton, Farndon, Thorpe, East Stoke, Elston, Syerston, Cotnam, Staunton, Kilvington, Alverton, West Newark.
Dr. R. O. Brooks	Lowdham.	District No. 26 Population 3,677	Oxton, Epperstone, Thurgarton, Bleasby, Gonalston, Hoveringham, Lowdham, Caythorpe, Gunthorpe, Bulcote.
Dr. B. A. West	Epperstone.	District No. 27 Population 3,539	Calverton, Woodborough, Lambley, Burton Joyce.
Dr. H. Francis	Ashton Lodge, Woodthorpe, Nottingham.	District No. 28 Population 12,383	Arnold Urban District, Bestwood Park.
Dr. R. M. Saunders	Charnwood House, Hucknall.	District No. 29 Population 17,442	Hucknall Urban District, Linby, Papplewick.
Dr. M. E. Kayton	Ashfield House, Annesley Woodhouse.	District No. 30 Population 2,006	Annesley, Newstead, Felley.
Dr. W. H. France	Selston.	District No. 31 Population 9,285	Selston.
Dr. J. E. Fletcher	Eastwood.	District No. 32 Population 13,301	Greasley, Brinsley, Eastwood Urban District.
Dr. G. R. Northwood	Kimberley.	District No. 33 Population 9,115	Kimberley, Awsworth, Nuthall, Cossall, Strelley, Bilborough, Trowell.
Dr. E. Kingsbury	Stapleford.	District No. 34 Population 11,519	Stapleford, Toton, Chilwell-cum-Attenborough, Bramcote.
Dr. W. R. Smith	The Willows, Beeston.	District No. 35 Population 13,045	Beeston, Wollaton.
Dr. W. T. Torrance	Gedling Road, Carlton.	District No. 36 Population 22,036	Carlton, Colwick, Stoke Bardolph, Gedling.

DOCTOR.	ADDRESS.	DISTRICT AND POPULATION.	PARISHES INCLUDED IN DISTRICT.
Dr. C. B. Crofts	Bingham.	District No. 37 Population 4,998	Bingham, East Bridgford, Kneeton, Flintham, Silthorpe, Shelton, Flawborough, Hawksworth, Thorton, Orston, Aslockton, Scarrington, Screveton, Car Colston, Whatton, Granby-cum-Sutton, Elton.
Dr. E. E. Allaway	Main Road, Radcliffe-on-Trent.	District No. 38 Population 17,887	Radcliffe - on - Trent, Shelford, Saxondale, Cotgrave, Holme Pierrepont, Gamston, Tollerton, Clipston, West Bridgford, Edwalton.
Dr. J. W. M. Hunter	Oxford House, Ruddington.	District No. 39 Population 5,875	South Wilford, Clifton-cum-Glapton, Ruddington, Barton, Gotham, Thrumpton, Bradmore, Bunny.
Dr. A. L. Rhind	Ruddington.	District No. 40 Population 2,367	Plumtree, Normanton-on-the-Wolds, Keyworth, Wysall, Thorpe-in-the-Glebe, Willoughby-on-the-Wolds, Stanton-on-the-Wolds, Widmerpool.
Dr. A. T. Woolward	Colston Bassett.	District No. 41 Population 2,980	Cropwell Bishop, Cropwell Butler, Colston Bassett, Langar-cum-Barnstone, Tythby, Wiverton, Owthorpe, Kinoulton, Hickling, Upper Broughton.
Dr. J. C. P. Beatty	Sutton Bonington.	District No. 42 Population 3,722	Ratcliffe-on-Soar, Kingston-on-Soar, East Leake, West Leake, Sutton Bonington, Normanton-on-Soar, Stanford-on-Soar, Costock, Rempstone.

The population figures given are those which were used as a basis for the formulation of the districts concerned.

DISTRICT MEDICAL OFFICERS.

The Medical Relief Districts and the Medical Officers serving them are the same as above, with the exception of No. 18 District, for which the District Medical Officer is Dr. E. Bertram Smith.

INSTITUTIONAL MEDICAL OFFICERS AND PUBLIC VACCINATORS OF COUNTY INSTITUTIONS.

DR. W. J. CANDLISH	..	Basford County Institution.
*DR. O. EATON	..	Bingham ,,
DR. J. C. TEASDALE	..	East Retford ,,
DR. H. F. HINE	..	Newark ,,
DR. H. L. FLINT	..	Mansfield ,,
DR. E. LLOYD	..	Southwell ,,
DR. A. R. WALLIS	..	Worksop County Institution and Kilton Hill Hospital.

*Resigned 31st December, 1932, and Dr. W. ROBINSON appointed.

VACCINATION OFFICERS AND DISTRICTS.

W. E. L. NEVILLE, East Retford. District No. 1. Population 13,866.

Parishes served :—Barnby Moor, Beckingham, Bole, Clarborough, Clayworth, Everton, Gringley-on-the-Hill, Hayton, Littleborough, Lound, Mattersey, Misterton, North Leverton, North Wheatley, Ranskill, Retford (portion), Saundy, Scaftworth, Scrooby, South Leverton, South Wheatley, Sturton-le-Steeple, Sutton, Torworth, Walkeringham, West Burton, West Stockwith, Wiseton.

H. J. HASTINGS, Blyth. District No. 2. Population 4,401.

Parishes served :—Blyth, Carlton-in-Lindrick, Finningley, Harworth, Hodsock, Misson, Styrrup-with-Oldcotes, Wallingwells.

F. W. JUSTICE, Worksop. District No. 3. Population 24,989.

Parishes served :—Carburton, Cuckney, Holbeck, Nether Langwith, Norton, Welbeck, Woodhouse Hall, Worksop Urban.

W. J. BURTON, East Retford. District No. 4. Population 17,399.

Parishes served :—Askham, Babworth, Bevercotes, Bothamsall, Cottam, Darlton, Dunham, Eaton, East Drayton, East Markham, Elkesley, Fledborough, Gamston, Grove, Haughton, Headon-cum-Upton, Laneham, Markham, Clinton, Marnham, Normanton-on-Trent, Ragnall, Rampton, Stokeham, Treswell, Tuxford, West Drayton, Retford Borough (part).

H. W. TOMBS, New Ollerton. District No. 5. Population 8,722.

Parishes served :—Bathley, Bilsthorpe, Boughton, Carlton-on-Trent, Caunton, Clipstone, Cromwell, Eakring, Edwinstowe, Egmanton, Grassthorpe, Holme, Kersall, Kirton, Kneesall, Laxton, Maplebeck, North Muskham, Norwell, Norwell Woodhouse, Ollerton, Ompton, Ossington, Perlethorpe-cum-Budby, Rufford, Sutton-on-Trent, Walesby, Wellow, Weston.

*MISS E. SPARKE, Mansfield. District No. 6. Population 74,475.

Parishes served :—Blidworth, Haywood Oaks, Lindhurst, Mansfield Borough, Mansfield Woodhouse Urban, Sookholme, Warsop Urban.

T. T. CHARLTON, Sutton-in-Ashfield. District No. 7. Population 39,195.

Parishes served :—Fulwood, Huthwaite Urban, Skegby, Sutton-in-Ashfield Urban, Teversal.

B. LEE, Southwell. District No. 8. Population 11,435.

Parishes served :—Averham, Bleasby, Bulcote, Caythorpe, East Stoke, Edingley, Elston, Epperstone, Farnsfield, Fiskerton-cum-Morton, Gonalston, Gunthorpe, Halam, Halloughton, Hockerton, Hoveringham, Kelham, Kirklington, Lowdham, Oxtun, Rolleston, South Muskham, Southwell, Staythorpe, Syerston, Thorpe, Thurgarton, Upton, Winkburn.

*Resigned 31st March, 1933, and T. H. Widdowson, Vaccination Officer for Basford, appointed.

T. H. WIDDOWSON, Basford. District No. 9. Population 151,434.

Parishes served :—Annesley, Arnold Urban, Awsworth, Barton-in-Fabis, Beeston Urban, Bestwood Park, Bilborough, Bramcote, Brinsley, Bradmore, Bunny, Burton Joyce, Carlton Urban, Calverton, Chilwell, Clifton-cum-Glapton, Cossall, Colwick, Eastwood Urban, Felley, Gamston, Gotham, Gedling, Greasley, Hucknall Urban, Kimberley, Kirkby-in-Ashfield Urban, Lambley, Linby, Newstead, Nuthall, Papplewick, Ruddington, Selston, South Wilford, Stapleford, Stoke Bardolph, Strelley, Thrumpton, Toton, Trowell, West Bridgford Urban, Wollaton, Woodborough.

MISS J. M. I. TUNNICLIFF, East Leake. District No. 10. Population 4,134.

Parishes served :—Costock, East Leake, Kingston-on-Soar, Normanton-on-Soar, Ratcliffe-on-Soar, Rempstone, Stanford-on-Soar, Sutton Bonington, Thorpe-in-the-Glebe, West Leake, Willoughby-on-the-Wolds, Wysall.

J. BALDOCK, Bingham. District No. 11. Population 14,267.

Parishes served :—Aslockton, Bingham, Car Colston, Colston Bassett, Clipstone, Cotgrave, Cropwell Bishop, Cropwell Butler, East Bridgford, Edwalton, Elton, Flawborough, Flintham, Granby-cum-Sutton, Hawksworth, Hickling, Holme Pierrepont, Keyworth, Kinoulton, Kneeton, Langar-cum-Barnstone, Normanton-on-the-Wolds, Orston, Owthorpe, Plumtree, Radcliffe-on-Trent, Saxondale, Scarrington, Screveton, Shelford, Shelton, Sibthorpe, Stanton-on-the-Wolds, Thoroton, Tollerton, Tythby, Upper Broughton, Whatton, Widmerpool, Wiverton Hall.

MISS E. M. EDDOWES, New Balderton. District No. 12. Population 4,148.

Parishes served :—Alverton, Balderton, Barnby-in-the-Willows-with-Flawford, Coddington, Cotham, Kilvington, Staunton.

W. H. PEARSON, Newark-on-Trent. District No. 13. Population 21,553.

Parishes served :—Besthorpe, Broadholme, Farndon, Girton, Harby, Hawton, Langford, Meering, Newark Borough, North Clifton, North Collingham, South Clifton, South Collingham, South Scarle, Spalford, Thorney, West Newark, Wigsley, Winthorpe.

The population figures given are those which were used as a basis for the formulation of the Districts concerned.

*NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF HEALTH
OF THE 25 COUNTY DISTRICTS.

BOROUGHES AND URBAN DISTRICTS.

District.	Name of the Medical Officer of Health.	Address.
MANSFIELD (Borough)	.. J. E. Wilson, M.D., D.P.H.	.. Exchange Row, Mansfield.
WORKSOP (Borough)	.. T. C. Garrett, M.B., C.M.	Newcastle Street, Worksop.
NEWARK (Borough)	.. W. Baxter, M.B., Ch.B., D.P.H.	.. Middlegate, Newark.
EAST RETFORD (Borough)	.. J. M. H. Conway, <i>D.S.O.</i> , F.R.C.S.I., L.R.C.P., D.P.H.	Municipal Offices, The Square, Retford.
ARNOLD	.. Harvey Francis, M.D.	.. Arnold, Nottingham.
BEESTON	.. C. Horne Warner, M.D., B.Sc.	.. Clyde House, Southwell.
CARLTON	.. J. T. Knight, M.R.C.S.	Ivy Lodge, Carlton, Nottm.
EASTWOOD	.. W. H. Turton, M.B., C.M.	Barlborough House, Market Place, Heanor, Nottingham.
HUCKNALL	.. W. Garstang, M.B., Ch.B.	Brampton House, Hucknall, Nottingham.
HUTHWAITE	.. J. Ferguson, M.B., Ch.B., D.P.H.	.. Council Offices, Huthwaite.
KIRKBY-IN-ASHFIELD	M. E. Kayton, L.R.C.P., D.P.H.	.. Ashfield House, Annesley Woodhouse, Nottingham.
MANSFIELD WOODHOUSE	.. J. Ferguson, M.B., Ch.B., D.P.H.	.. Council Offices, Mansfield Woodhouse.
SUTTON-IN-ASHFIELD	T. S. McKean, M.B., Ch.B., D.P.H.	.. Council Offices, Forest Lodge, Sutton-in-Ashfield.
WARSOP	.. H. W. Horan, M.B., B.S.	Warsop, Notts.
WEST BRIDGFORD	.. Walter Hunter, M.D.	.. Bridgford Road, West Bridgford.

RURAL DISTRICTS.

District.	Name of the Medical Officer of Health.	Address.
BASFORD	.. W. H. Parkinson, M.D., D.P.H.	.. Public Offices, Rock House, Basford, Nottingham.
BINGHAM	.. W. Robinson, M.B., Ch.B.	.. Long Acre, Bingham, Nottingham.
WORKSOP	.. W. T. Wood, L.R.C.P.	.. The Laurels, Creswell, near Mansfield.
EAST RETFORD	.. J. M. H. Conway, <i>D.S.O.</i> , F.R.C.S.I., L.R.C.P., D.P.H.	Municipal Offices, The Square, Retford.
LEAKE	.. N. B. M. Blackham, L.R.C.P., and S.I.	.. 25 Victoria Street, Loughborough.
MISTERTON	.. T. Elliott, M.B., Ch.B.	.. Springfields, Misterton.
NEWARK	.. W. Baxter, M.B., Ch.B., D.P.H.	.. Middlegate, Newark.
SKEGBY	.. E. B. Smith, M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.	Woodlands, Rainworth, Mansfield.
SOUTHWELL	.. W. Baxter, M.B., Ch.B., D.P.H.	.. Middlegate, Newark.
STAPLEFORD	.. E. Kingsbury, B.A., M.D.	High Street, Stapleford, Nottingham.

*31st December, 1932.

NOTTINGHAMSHIRE COUNTY COUNCIL.

PUBLIC HEALTH DEPARTMENT,
THE SHIRE HALL,
NOTTINGHAM,
31st July, 1933.

TO THE CHAIRMAN AND MEMBERS OF THE
NOTTINGHAMSHIRE COUNTY COUNCIL.

MY LORDS, LADIES AND GENTLEMEN,

In presenting my fifth Annual Report on the Health and Health Services of the County (the thirty-seventh of the series), which deals with the calendar year 1932, I am glad to be able to call attention to Health Statistics which are generally satisfactory, to a steady improvement in Services, with certain necessary augmentations, and to the increased utilisation by the public of the Services provided.

The year has been very full of incident, major matters having to be dealt with which are outside the natural annual routine of the Department, such as the City Extension Bill, Revision of County Boundaries and Ministry of Health Survey of County Health Services.

The first and the last caused an enormous addition to the work and I am pleased to bring to your notice the good services of my Staff throughout this year of heavy strain. Through a consistently steady maintenance of hours greatly in excess of office hours this additional work was undertaken not only without detriment to the maintenance of Departmental activities but even so as to allow of definite expansions of Services.

This Report contains the matter and is arranged in the sequence desired by the Ministry of Health as indicated by their Circular No. 1269, including the full lists of Staff, Districts, etc., which appear at the beginning of the Report.

In accordance with my previous custom I am commenting briefly in the following first few pages on matters of special importance which are dealt with in detail in the appropriate sections of the Report, and for reasons of economy I propose to reduce comment throughout the Report to the minimum necessary for elucidation.

1. STATISTICS.

The principal Vital Statistics supplied by the Registrar-General for the year 1932 show improvements generally over those of the year 1931.

The County Population at the middle of the year 1932 was estimated to be 451,600, an increase of 3,700.

The Death Rate, slightly increased last year, was reduced from 11.3 to 10.4 for the County and from 12.3 to 12.0 for England and Wales.

The County Death Rate, therefore, compares favourably with the country as a whole.

The Tuberculosis mortality was considerably reduced.

Deaths due to Cancer and Malignant Disease were forty *fewer* than during 1931. In the previous three years there had been a steadily-increasing mortality from these causes.

The Infantile Mortality Rate was considerably reduced after an increase last year, and the Maternal Mortality Rate was reduced from 4.29 to 3.85, compared with 4.24 for England and Wales.

The Infantile Mortality Rate appears to have reached a mean level which is not much affected by existing Child Welfare activities but varies up or down by small increments as a result of seasonal variations.

In 1931 the prevalence of Respiratory Diseases and the occurrence of a comparatively sunless summer gave an increased rate and in 1932 seasonal influences were more favourable.

Any considerable general reduction in Infantile Mortality can probably now only be accomplished by methods which successfully combat neo-natal mortality.

There was no major epidemic throughout the year, the incidence of Cerebro-Spinal Fever fortunately being much reduced.

2. NEW SERVICES OR EXTENSIONS OF SERVICES.

(A) *Tuberculosis.*

- (i) The additional buildings at the Ransom Sanatorium were ready for occupation at Christmas ; they comprise a block of fourteen beds for women, including a day room, an addition of six beds to an existing block for men and a general modernisation of the block by providing a corridor at the rear with appropriate kitchens, offices and a day room ; a new school building ; extensions to the laundry, kitchen and sewage disposal plants ; and a new central store.
- (ii) The plans for the new building for a Tuberculosis Dispensary at Mansfield were finally approved and a site purchased ; this proposal escaping the "axe" owing to its urgency.
- (iii) A similar proposal for Worksop, jointly with the Education Committee, was less fortunate, being deferred on account of objection by the Board of Education who declined to sanction the School Clinic section.

- (iv) The Tuberculosis Medical Staff was strengthened by replacing a half-time Tuberculosis Officer by a whole-time officer in September. This change should result in more adequate following-up of "contacts" and increased visitation and consultation in the homes by the Tuberculosis Officers.

(B) *Maternity and Child Welfare.*

- (i) A new building was erected at Balderton for use as a Child Welfare Centre and School Clinic and was completed by the end of the year.
- (ii) Three new Centres were established at Bilsthorpe, Bestwood and Flintham, and the Voluntary Centre at East Bridgford was, at the request of the Voluntary Committee, attended by one of your Health Visitors.

At Ollerton an extra session at the Centre was started owing to the heavy attendances.

A new perambulator shed was provided at Blidworth.

There are now thirty-eight Child Welfare Centres in the County Maternity and Child Welfare Area.

- (iii) Six new Ante-Natal Clinics were opened at Bilsthorpe, Bestwood, Flintham, Ollerton, Harworth and Stanton Hill. There are now thirty-four Ante-Natal Clinics in the County Maternity and Child Welfare Area.
- (iv) The provision of Midwives in rural areas was augmented by the Nott's. Nursing Federation securing the covering of fourteen additional parishes by District Nursing Associations with the assistance of County Council grants.
During the year provision was made for grants to District Nursing Associations in respect of purchase or maintenance of motor cars and the installation of telephones.

3. ISOLATION HOSPITAL ACCOMMODATION.

On many occasions during the year evidence came to my Department of the real need for extended Hospital accommodation for infectious diseases other than Smallpox.

In particular the Nottingham Voluntary Hospitals, experiencing difficulty in disposing of County patients found on admission to be infectious, appealed to me on many occasions for assistance.

With much difficulty and some anxiety I was usually able to secure accommodation with the co-operation of the District Medical Officers of Health, but often such accommodation was outside the County area and the cost was heavy.

Obviously some hardship is inflicted upon both patients and relatives in such cases which can only be obviated by amplification of accommodation within the County.

The following figures indicate the approximate numbers of cases of the principal infectious diseases which were admitted to Hospital compared with the numbers notified.

			Cases Notified.	Admitted to Hospital.
Cerebro-Spinal Fever	..	..	71	59
Scarlet Fever	..	..	676	307
Diphtheria	..	..	233	153
Enteric Fever	..	..	41	14
			1,021	533

Further progress was made in consideration of the County Council's draft Scheme for the provision of a new central Isolation Hospital and conferences were held with all the Local Sanitary Authorities in the County, as recorded in detail in the body of the Report.

4. RECLASSIFICATION OF COUNTY INSTITUTIONS.

A special Sub-Committee has during the year commenced detailed consideration of my Survey of County Institutions Report. This is a very big task, involving a whole-county hospital policy, and progress must necessarily be slow. In the meantime no alteration is being made to any County Institution which may be inconsistent with the suggestions for future use made in that Report.

5. CITY EXTENSION BILL.

During the first half of the year I was engaged in very arduous work for the purpose of preparing the County case from the Public Health point of view.

After protracted proceedings in Parliament extending over several weeks, an area of 5,230 acres, containing a population of 8,455 and having a rateable value of £41,956, was added to the City.

6. REVIEW OF COUNTY DISTRICT BOUNDARIES.

Throughout the year this work was continued, though its smooth course was unavoidably interrupted by the City Extension Bill.

As required, advice was given when questions appertaining to Public Health administration arose.

7. HOUSING.

As will be observed by reference to the detailed Report, active interest in Rural Housing has been maintained.

Questionnaires, based on the original form of enquiry circulated in 1930, were issued to all Rural District Councils in order that the County Council might be kept informed of their progress.

Much work has been done in making houses fit, but progress has been slow in dealing with wholly unfit houses and in providing new houses.

In my opinion yet more use should be made of the Housing (Rural Workers) Act, 1926, and I take this opportunity of inviting the full co-operation of the officials of District Councils concerned with housing in making the provisions of this Act as widely known in their Districts as possible, and at the same time of thanking those who, in two or three Districts, have already been instrumental in securing the execution of good work under this Act.

8. MINISTRY OF HEALTH SURVEY.

A Survey of Health Services in the County was carried out by officials of the Ministry of Health during three weeks in November.

The amount of material required by the Ministry in the form of Reports and Returns prior to the actual Survey was enormous and involved heavy work, but on the whole this work was not wasted from the Departmental point of view, as it resulted in a compendium of information always available in handy form in my Department.

The actual Survey was meticulous. Every Service was overhauled and analysed in detail. Conferences were held between the Survey officials and the Heads of other Departments having contacts with my Department, such as the Public Assistance Officer, the Chief Veterinary Officer and the Chief Inspector of Food and Drugs, and with my Senior Assistants and Specialists.

Though the Survey was a very serious tax on my time for several weeks I have no doubt that such an audit of the work of the Department is of the greatest value, especially when conducted in terms of constructive criticism, as in this case.

9. PREVENTION OF RIVERS POLLUTION.

This work has been actively and generally successfully pursued.

Five years have now elapsed since a whole-time Rivers Inspector was appointed and I have recently issued a special Report giving a review of the five years' work in which the Rivers Inspector, Mr. Wrigley, has clearly indicated the type and amount of work done in safeguarding the County Rivers and Streams.

10. DEPARTMENTAL STAFF.

I commented in my last Report on the inadequacy of the Staff of the Department in relation to the rapid growth of the work and responsibility.

Owing to the demands of "economy" a further year's work has been carried through by the same Staff, a year with exceptional incursions of abnormal work, but, as in the previous year, only by the working of very long hours.

In January, 1933, an additional Junior Clerk Typist was sanctioned, but there are still sections of the office understaffed. I hope it will be possible to augment the clerical staff next year.

The "outside" work has been expanded very rapidly and the steadily-increasing use which is being made by the public of each of the new Schemes started is involving increasing clerical work. Much of this work is of critical importance as affecting human material; delay, or forgetfulness due to pressure, may result in inconvenience or even suffering.

Fortunately no such lapse has occurred, but I am sensible of a certain tension which ought to be relieved.

11. HEALTH PROPAGANDA.

During the year it was decided by the Nottinghamshire Rural Community Council to issue a County Edition of "Better Health" through their Public Health Committee, of which I am privileged to be Chairman.

An Editorial Sub-Committee was appointed and the Public Health Committee was reorganised and strengthened so as to include representatives of all County Organisations likely to be interested in Health Education.

The issue was started in April and there have been monthly issues thereafter.

An attempt has been made to describe serially the various Health Services in the County so as to indicate to the public what services are available and how to make use of them.

The monthly circulation is five thousand and distribution is effected through Schools, Child Welfare Centres, Clinics, the Health Departments of County Sanitary Districts and the many organisations represented on the Health Committee of the Rural Community Council.

12. POST-GRADUATE OR REVISION COURSES.

During the year there was some curtailment of these facilities, no Health Visitors being sent to such courses as a minor contribution to "economy."

The Assistant Inspector of Midwives was sent to attend a Post-Graduate Course for Inspectors and six practising Midwives were sent for a fortnight's Course at the City of London Maternity Hospital in addition to those sent by the Nottinghamshire Nursing Federation. A Tuberculosis Officer was sent as a delegate to the Tuberculosis Conference and an Assistant Medical Officer to the Maternity and Child Welfare Conference; but these Conferences cannot, of course, be classed as "Post-Graduate" in character, though they afford some opportunity for keeping abreast of the trend of thought in each branch.

The principle of allowing officers opportunities for post-graduate study is so important that I hope facilities may be extended in due time to enable appropriate officers periodically to attend suitable courses.

Only in this way can efficiency be maintained in the Health Services, the widened scope of which is now affected intimately by the ever-advancing science of preventive medicine.

STATISTICS AND NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) exclusive of water	..	..	..	..	521,061
Population (1921 census)	..	..	..	..	378,525
Population (1931 census)	..	..	..	..	443,930
Population (estimated to the middle of 1932)			..	..	451,600
Estimated increase during 1931-32	..	..	..	..	3,700
Number of Inhabited Houses (Census 1931)			..	..	108,758
Number of Families or separate Occupiers (Census 1931)	..				111,804
Average number of persons per house (Census 1931)			..		4.1
Rateable Value (April 1st, 1932)	..	..	..	..	£1,912,722
Product of a penny rate (April 1st, 1932)	..		..	..	£7,969
Population of the " Special Area " for Maternity and Child Welfare	..	..	..	..	228,750

Geographically and socially the County is divided into two fairly well-defined portions: the western, of greater average elevation, undulating and in the main urban and industrial in character; the eastern, of lower elevation, more even contour and typically rural characteristics.

The aggregation of population on the western border almost from north to south has resulted from the development of the extensive coal measures, a development still proceeding and reaching out into the romantic mid-Nottinghamshire area of Sherwood Forest.

Though bounteously provided with underground water supplies of excellent quality in the Bunter Beds lying under Sherwood Forest, the County is otherwise ill-provided naturally, the rural areas east and north being dependent upon shallow wells producing waters of questionable quality and not infrequently of excessive hardness.

The most important occupations are coal mining and agriculture but there are many other industries employing large numbers of the population—iron works, gypsum mines and plaster works, lace, hosiery and textile factories, beet sugar factories, large railway centres, cement works, engineering works and allied industries.

The County is divided into twenty-five Sanitary Districts; four Boroughs, eleven Urban Districts and ten Rural Districts.

VITAL STATISTICS.

The following table* gives the chief Vital Statistics for the years 1931 and 1932 for England and Wales (as supplied by the Registrar-General) and for the County of Nottingham for comparison.

			Birth Rate per 1,000 of population.			Death Rate per 1,000 of population.		Deaths under one year per 1,000 births.			
			1931	1932		1931	1932		1931	1932	
England and Wales			..	15.8	15.3	..	12.3	12.0	..	66	65
118 County Boroughs, etc.			16.0	15.4	..	12.3	11.8	..	71	69	
126 Smaller Towns			..	15.6	15.4	..	11.3	10.8	..	62	58
London	15.0	14.2	..	12.4	12.3	..	65	66
County of Nottingham			..	17.2	16.7	..	11.3	10.4	..	72	66
Aggregate Urban Districts			16.8	16.5	..	11.4	10.5	..	75	65	
Aggregate Rural Districts			17.7	16.9	..	11.2	10.4	..	66	66	
Special Area for Maternity and Child Welfare			..	16.9	16.2	..	11.3	10.3	..	62	65

These rates are calculated on the estimated populations supplied by the Registrar-General.

The growth of the population of the County is shown by the following figures :—

Population Census, 1911	..	..	344,197
Population Census, 1921	..	..	378,525
Population Census, 1931	..	..	443,930
Population Estimated, 1932	..	..	451,600

The *natural* increase by excess of births over deaths for the past five years was as follows :—

1928	..	..	..	3,549
1929	..	..	..	2,242
1930	..	..	..	3,261
1931	..	..	..	2,617
1932	..	..	..	2,821

*The figures relating to birth-rate and death-rate are provisional. The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only.

CENSUS, 1931.

The Census Report (Part I.) dealing with the County of Nottingham was received in May, 1933.

This is a large volume from which the following brief extracts are of particular interest.

During the last intercensal period there has been an increase of population of 71,582 persons in the County (including the County Borough). The rate of increase was 11.2 per cent., more than twice the national rate of 5.5 per cent.

The County is placed seventh in the list of Counties arranged in order of respective rates of growth.

In only two areas has the population diminished, namely the Urban District of Huthwaite and the Rural District of Misterton.

In every area, save West Bridgford, there are positive increments in respect of natural increase of population.

The largest numerical increase of population occurred in the Southwell Rural District—11,919 persons.

The number of structurally separate dwellings has increased by 32,560 (22.44 per cent.).

The increase in the number of private families was 33,277 (22.29 per cent.).

The number of private families per occupied dwelling was 1.03, the same as in 1921.

The number of persons per room was 0.79 (County only 0.80).

The number of persons per private family was 3.79, compared with 4.21 in 1921.

The number of structurally separate dwellings returned as vacant (and unfurnished) was 2,247.

The number of families living two to a dwelling was 8,126, and three to a dwelling 1,140.

The excess of females over males was 23,539, yielding a proportion of 1,068 females to every 1,000 males, compared with 1,085 in 1921.

BIRTHS.

Seven thousand five hundred and thirty-four live births were registered in the County in 1932. The rate was 16.7 (1931, 17.2) compared with a rate for England and Wales of 15.3. Males exceeded females by 192.

The number of live births registered in the "Special Area" for Maternity and Child Welfare was 3,719 and the rate was 16.2.

The number of illegitimate births registered in the County was 295, giving a rate of 0.65 per 1,000 of the population and 39.1 per 1,000 registered births, compared with 40.7 in 1931 and 40.8 in 1930.

For Urban Districts this rate was 38.2 per 1,000 registered births and for Rural Districts 40.6.

The following table gives the birth statistics for the County Districts for the year 1932.

BIRTHS, 1932.

URBAN DISTRICTS.	Total Births.	No. Legitimate.	No. Illegitimate.	Total Birth Rate.
Mansfield (Borough)	692	657	35	14.9
Worksop (Borough)	456	439	17	17.1
Newark (Borough)	312	295	17	17.2
East Retford (Borough) ..	247	236	11	17.1
Arnold	227	216	11	15.1
Beeston	322	317	5	19.4
Carlton	348	334	14	15.5
Eastwood	111	105	6	19.9
Hucknall	302	293	9	17.3
Huthwaite	85	81	4	16.7
Kirkby-in-Ashfield	329	320	9	18.1
Mansfield Woodhouse	254	239	15	18.1
Sutton-in-Ashfield	446	432	14	17.6
Warsop	228	224	4	21.0
West Bridgford	168	166	2	9.3
AGGREGATE OF URBAN DISTRICTS	4,527	4,354	173	16.5
RURAL DISTRICTS.				
Basford	902	872	30	16.5
Bingham	204	198	6	13.1
Worksop	299	288	11	20.7
East Retford	221	212	9	14.2
Leake	66	64	2	14.4
Misterton	45	42	3	11.4
Newark	148	139	9	15.6
Skegby	303	290	13	22.4
Southwell	602	575	27	18.4
Stapleford	216	204	12	16.4
Shire Hall	1	1	—	—
AGGREGATE OF RURAL DISTRICTS	3,007	2,885	122	16.9

STILLBIRTHS, 1932.

	LEGITIMATE.		ILLEGITIMATE.		Total.
	Male.	Female.	Male.	Female.	
BOROUGHES AND URBAN DISTRICTS.					
Mansfield (Borough)	21	14	2	1	38
Worksop (Borough)	11	5	1	—	17
Newark (Borough)	6	4	—	—	10
East Retford (Borough) ..	5	5	—	1	11
Arnold	10	6	1	—	17
Beeston	12	5	1	—	18
Carlton	7	5	—	—	12
Eastwood	2	2	—	2	6
Hucknall	7	4	1	1	13
Huthwaite	1	1	—	—	2
Kirkby-in-Ashfield	11	4	2	2	19
Mansfield Woodhouse	10	8	—	—	18
Sutton-in-Ashfield	9	12	—	1	22
Warsop	9	3	—	—	12
West Bridgford	6	—	—	—	6
Aggregate of Urban Districts ..	127	78	8	8	221
RURAL DISTRICTS.					
Basford	26	19	2	1	48
Bingham	7	4	—	—	11
Worksop	8	8	—	—	16
East Retford	2	5	—	—	7
Leake	1	1	—	—	2
Misterton	2	1	—	—	3
Newark	—	2	1	—	3
Skegby	14	6	—	—	20
Southwell	13	5	1	—	19
Stapleford	7	11	—	—	18
Aggregate of Rural Districts ..	80	62	4	1	147
Whole County	207	140	12	9	368

DEATHS.

The number of deaths registered during 1932 was 4,713, giving a rate of 10.4 per 1,000 of the estimated population.

In 1931 there were 365 more deaths and the rate was 11.3.

The death rate for England and Wales for 1932 was 12.0.

The aggregate rate for the Urban Districts was 10.5 (11.4, 1931) and for the Rural Districts 10.4 (11.2, 1931).

The death rates for the County Districts are given in the following table :—

DEATH RATES PER 1,000 OF THE POPULATION
FOR THE YEAR 1932.

URBAN DISTRICTS.			RATE.	RURAL DISTRICTS.			RATE.
East Retford (Borough)	..	..	15.3	Misterton	..	..	13.1
Newark (Borough)	..	..	11.7	East Retford	..	..	12.9
Kirkby-in-Ashfield	..	..	10.9	Newark	..	..	11.7
Arnold	..	..	10.8	Bingham	..	..	11.3
Mansfield Woodhouse	..	..	10.7	Leake	..	..	11.3
West Bridgford	..	..	10.7	Stapleford	..	..	10.2
Sutton-in-Ashfield	..	..	10.6	Basford	..	..	9.9
Eastwood	..	..	10.4	Southwell	..	..	9.7
Worksop (Borough)	..	..	10.2	Skegby	..	..	9.2
Mansfield (Borough)	..	..	10.1	Worksop	..	..	8.9
Carlton	..	..	9.8				
Hucknall	..	..	9.3				
Beeston	..	..	8.9				
Huthwaite	..	..	8.8				
Warsop	..	..	8.6				
Aggregate of Urban Districts	..	..	10.5	Aggregate of Rural Districts	..	..	10.4
				Whole County	..	..	10.4

The chief causes of death in order for the whole County were as follows :—

Diseases of the Heart and Circulation	..	1,021
Diseases of the Respiratory System	..	594
Cancer, Malignant Disease	.. ..	534
Cerebral Haemorrhage, etc.	.. ..	339
Tuberculosis, all forms	.. ..	291

The number of deaths due to Cancer was 534, forty less than in 1931.

The Nottinghamshire Council of the British Empire Cancer Campaign continue to improve their already excellent organisation and are now equipped with a complete Radium Institute under the charge of the Radium Registrar, Mr. F. C. Hunt, F.R.C.S., a deep X-Ray Therapy plant under the charge of Dr. E. O. Fox, M.R.C.S., D.M.R.E., and a few beds reserved solely for the use of patients requiring radium treatment at the General Hospital, Nottingham.

In the Annual Report of the Council it is stated that the services are available to all who need them in City or County and that it has been possible to satisfy promptly and freely all the demands for radium made by members of the Staffs of the various Hospitals.

One thousand two hundred and eighty-two demands for radium were received and met.

In the out-patient and follow-up department there were 834 attendances and a total of 700 persons have received in-patient treatment since the scheme started.

In the Radiological Section of the Institute, which was opened in the spring of 1932, 251 cases had either finished or were under treatment on the 31st May, 1933, 114 being from the County. Ninety-one of the cases were treated as in-patients.

Clinically the Report strikes a note of optimism.

This County is fortunate in having this important organisation in its midst available freely to all needing its services.

TABLE SHOWING DEATHS FROM CANCER DURING THE PAST TEN YEARS.

		No.		Rate per 1,000 of Population.
1923	.. ..	414	..	1.07
1924	.. ..	448	..	1.14
1925	.. ..	485	..	1.23
1926	.. ..	526	..	1.32
1927	.. ..	464	..	1.14
1928	.. ..	526	..	1.24
1929	.. ..	508	..	1.18
1930	.. ..	545	..	1.24
1931	.. ..	574	..	1.28
1932	.. ..	534	..	1.18

Deaths of Infants under one year of age.

There were 498 deaths of infants under one year of age in 1932, 280 males and 218 females. The rate per 1,000 live births was sixty-six (legitimate sixty-five, illegitimate eighty-four), compared with seventy-two in 1931.

Two hundred and forty-three deaths occurred in the "Special Area."

The rate for the Special Area of the County in which the County Council are the Authority for Maternity and Child Welfare was sixty-five, compared with sixty-two in 1931 and fifty-six in 1930.

The following table gives the rates for the whole County and aggregates for Urban and Rural Districts separately since the year 1908.

RATE OF INFANTILE MORTALITY PER 1,000 BIRTHS.

		Whole County.		Urban Districts.		Rural Districts.
1908	..	119	..	128	..	102
1909	..	106	..	112	..	93
1910	..	110	..	122	..	85
1911	..	125	..	137	..	115
1912	..	93	..	95	..	87
1913	..	101	..	110	..	82
1914	..	107	..	112	..	96
1915	..	112	..	125	..	87
1916	..	95	..	102	..	78
1917	..	95	..	98	..	89
1918	..	100	..	104	..	92
1919	..	95	..	100	..	84
1920	..	85	..	89	..	75
1921	..	86	..	91	..	77
1922	..	69	..	73	..	61
1923	..	77	..	82	..	66
1924	..	79	..	83	..	72
1925	..	77	..	79	..	74
1926	..	73	..	83	..	58
1927	..	69	..	76	..	57
1928	..	64	..	67	..	59
1929	..	76	..	79	..	72
1930	..	62	..	65	..	58
1931	..	72	..	75	..	66
1932	..	66	..	65	..	66

The infantile mortality rates for the County Districts for the year 1932 are shown in the following table :—

RATE OF INFANTILE MORTALITY FOR 1932 PER 1,000 BIRTHS.

URBAN DISTRICTS.				RATE.	RURAL DISTRICTS.				RATE.
*Huthwaite	..	..	..	90	*Stapleford	..	..	..	92
Mansfield Woodhouse	..	..	..	90	*Skegby	..	..	..	79
Kirkby-in-Ashfield	..	..	..	88	*Basford	..	..	..	67
East Retford (Borough)	..	..	..	80	*East Retford	..	..	..	67
Newark (Borough)	..	..	..	76	*Worksop	..	..	..	66
*Eastwood	..	..	..	72	*Misterton	..	..	..	66
Mansfield (Borough)	..	..	..	70	*Southwell	..	..	..	59
Sutton-in-Ashfield	..	..	..	65	*Newark	..	..	..	54
Warsop	..	..	..	65	*Bingham	..	..	..	53
Hucknall	..	..	..	59	*Leake	..	..	..	45
Arnold	..	..	..	57					
Worksop (Borough)	..	..	..	54					
*Carlton	..	..	..	54					
*West Bridgford	..	..	..	41					
Beeston	..	..	..	31					
Aggregate of Urban Districts				65	Aggregate of Rural Districts				66
					Rate for Whole County				66

* Districts within the " Special Area " for Maternity and Child Welfare.

Table of Causes of Death of Children under one year of age.

	NUMBER OF DEATHS.						Rate per 1,000 births.
	Urban Districts.		Rural Districts.		County.		
Congenital debility and mal-formation, premature birth	153	..	118	..	271	..	35.9
Pneumonia	43	..	26	..	69	..	9.1
Bronchitis	16	..	13	..	29	..	3.8
Pulmonary Tuberculosis	—	..	—	..	—	..	—
Whooping Cough	12	..	10	..	22	..	2.9
Influenza	8	..	3	..	11	..	1.5
Other respiratory diseases	2	..	—	..	2	..	0.3
Measles	8	..	—	..	8	..	1.1
Diarrhoea	17	..	8	..	25	..	3.3
Non-Pulmonary Tuberculosis	5	..	2	..	7	..	0.9
Other causes	33	..	21	..	54	..	7.2

Once again it will be observed that practically half the infant deaths are due to pre-natal causes ; of the sixty-six infant deaths which occurred for every thousand infants born alive, thirty-five were due to prematurity, malformation and debility at birth.

The next most frequent cause of death is respiratory disease.

Diarrhoea, once a potent cause of infant mortality, now accounts for but three deaths per thousand live births.

The numbers of deaths due to certain specified diseases are shown hereunder :—

Measles (all ages)	..	..	..	28
Whooping Cough (all ages)	..	..	..	39
Diarrhoea (under two years of age)				28

In the Urban Districts of Beeston, Eastwood, Huthwaite, Mansfield Woodhouse, Sutton-in-Ashfield and West Bridgford, and the Rural Districts of Misterton, Newark and Skegby, there were no deaths due to Diarrhoea (under two years of age).

THE LOCAL GOVERNMENT ACT, 1929.

In my Report for the year 1930 there was given a full description of the administrative arrangements affecting the Public Health Department as a result of this Act.

For full details as to the machinery by which these Services are carried out, reference should be made to my last Report.

The arrangements have continued to work smoothly, no change in the original Scheme having been found to be necessary.

Details of the work of each assimilated Service will be found in this Report under the heading of the main Service with which each Poor Law Service was incorporated.

County Institutions.

Eight Institutions within the County Boundary were transferred to the County Council on 1st April, 1930.

The Basford County Institution	..	..	Mixed Institution.
The Mansfield County Institution	..	..	„ „
The Bingham County Institution		..	„ „
The Newark County Institution	..	..	„ „
The Southwell County Institution		..	„ „
The Retford County Institution	..	..	„ „
The Worksop County Institution	..	..	Ordinary Wards only.
The Worksop Kilton Hill Hospital		..	Separate Hospital.

The total number of beds was :—

Ordinary Wards	..	..	753
Sick Wards	..	..	811
			<hr/>
Total	..	..	1,564
			<hr/>

The Derbyshire County Council have a right of user of 125 beds at the Basford and 125 beds at the Mansfield County Institutions for a period of ten years.

A Survey of County Institutions was completed and a detailed report submitted in April, 1931, which is still under consideration by a Special Sub-Committee.

The duty to confer with a Body representative of the medical and lay interests of the Voluntary Hospitals has not been lost sight of.

The following table gives the number of cases (classified) dealt with in the Sick Wards of the Institutions during 1932.

There are several very marked differences between the figures in this table and that for the year 1931.

The figure for "Acute infectious disease" in 1932 is double that for 1931, whilst the figure for "Influenza" is one-third that for 1931. "Rheumatism" accounted for forty-two discharges in 1932, compared with 100 in 1931. The figure for "Mental diseases" in 1932 was 156, compared with ninety-four in 1931, and "Accidental injury and violence" rose to sixty-seven in 1932 from only eighteen in 1931. "Respiratory disease" fell from 192 in 1931 to ninety-eight in 1932; but "Disease of the circulatory system" rose from fifty-six in 1931 to ninety-four in 1932, whilst the deaths from the same cause fell from eighty-six to fifty-nine.

Certain of these are "seasonal" variations, but the marked rise in cases of "Accidental injury and violence" appears to be a reflection of the increasing hazards of the day, though I have no figures available as to what proportion of these was due to road casualties.

The total of discharges and deaths for the year was 1,858, compared with 1,864 in 1931.

COUNTY INSTITUTIONS.

NO. AND CLASSIFICATION OF CASES DEALT WITH IN SICK WARDS, 1932.

No. of Admissions.	Basford 670		Bingham 37		Mansfield 578		Newark 114		East Retford 131		Southwell 97		Kilton Hill 231		Total 1,858	
	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died
Classification of Patients discharged or died.																
Acute infectious disease ..	17	3	—	1	24	3	3	—	—	2	1	3	17	1	62	12
Influenza ..	3	2	—	—	—	—	1	2	2	—	—	—	16	1	22	5
Tuberculosis—Pulmonary ..	7	5	—	—	3	6	—	1	1	—	—	—	17	6	29	18
Non-Pulmonary ..	10	1	—	—	3	—	—	—	—	1	1	—	4	—	17	2
Malignant Disease ..	5	19	—	1	4	7	—	—	1	5	—	—	3	4	13	39
Rheumatism ..	10	8	1	—	15	1	5	2	2	—	—	—	7	—	42	11
Venereal Disease ..	8	—	—	—	19	5	—	—	—	—	—	—	1	1	28	5
Puerperal Pyrexia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Confined in Institution or Hospital ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Admitted from outside ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other diseases and accidents of pregnancy and childbirth ..	7	1	—	—	3	—	—	1	1	—	—	—	2	1	16	3
Mental diseases ..	85	33	4	2	27	—	12	4	1	—	17	—	6	2	156	42
Senile decay ..	27	—	2	—	10	17	1	1	5	—	—	—	6	13	47	44
Accidental injury and violence ..	24	3	—	—	11	2	5	7	1	—	7	1	10	1	67	8
Diseases of the Nervous System and Sense Organs ..	41	40	—	3	54	14	7	6	8	5	3	5	11	7	126	83
Respiratory System ..	25	21	1	2	39	9	16	2	4	2	6	2	2	5	98	45
Circulatory System ..	19	23	1	2	49	12	6	7	8	5	7	5	8	2	94	59
Digestive System ..	35	4	1	—	39	1	3	—	—	—	11	—	15	1	105	6
Genito-Urinary System ..	15	15	—	—	8	5	1	1	—	—	3	—	4	1	35	22
Skin ..	33	1	—	—	67	—	6	1	—	—	9	—	18	—	134	2
Other diseases ..	48	3	—	—	45	5	16	1	4	2	4	—	11	3	130	18
Mothers and infants discharged } Mothers from Maternity Wards and } not included above ..	38	—	—	—	27	—	3	—	—	—	3	—	15	—	97	—
Healthy Children ..	36	—	—	—	25	—	3	—	—	—	5	—	15	—	91	—
TOTALS ..	493	183	9	13	472	87	88	32	83	39	82	24	188	47	1415	425

Co-ordination in Use of Institutions with other Public Health Services.

The arrangements made with the approval of the Ministry of Health, whereby surplus maternity beds in County Institutions became available for use by the Maternity and Child Welfare Committee for the reception of cases of complicated maternity or cases whose home conditions were unsatisfactory continued to prove useful.

Similar arrangements have, during the year, been made available to the Maternity and Child Welfare Authorities at Beeston, Hucknall, Mansfield Woodhouse and Kirkby-in-Ashfield for the reception of cases whose home conditions are unsatisfactory.

The numbers of cases dealt with will be found reported under the section of this Report which deals with Maternity and Child Welfare.

Cases of advanced Tuberculosis in which the home conditions were conducive to the spread of infection have also readily been admitted to the Tuberculosis Wards at County Institutions.

The Tuberculosis Officers are recognised as Consultants to the County Institutions and co-operation between them and the Public Assistance Department is cordial and effective.

Domiciliary Medical Relief.

There are no changes to record in the method of administration of medical relief, the procedure, scale of fees and districts remaining as recorded in my Report for the year 1930.

Local Government Act, 1929, Section 46.

Throughout the year work was continued upon the proposals for Revision of County Districts.

Local Government Act, 1929, Section 57.

The County Council have formulated their policy under this Section for affording assistance to District Authorities in water, sewage disposal or sewerage schemes as follows :—

- (1) As a minimum requirement, except in special circumstances, before any grant by the County Council is considered, the Public Health and Housing Committee shall be satisfied that in the case of an Urban Area the expenditure cannot be charged upon the Urban District without undue hardship, and that in the case of a Rural District not only is the expenditure proposed beyond the resources of the particular Parish or contributory place, but also that such expenditure will constitute an excessive charge upon such Rural District.
- (2) Each application shall be considered on its merits and grants shall be based upon the capital cost of schemes only, and maintenance charges shall not be taken into consideration.
- (3) No application shall be considered until a report upon the scheme in question has been received by the Committee from the appropriate Officer of the Council.
- (4) Any grant in aid by the County Council should be made by way of annual payment and be subject to revision annually.

Several applications have been considered but in no case was the expenditure involved such as would constitute an excessive charge upon the District concerned.

Local Government Act, 1929, Section 58. Medical Officers of Health.

No Scheme has been formulated under this Section pending completion of the Review of County District Boundaries.

Local Government Act, 1929, Section 63. Survey of Isolation Hospital Accommodation.

The Scheme approved in draft by the County Council towards the end of 1931 was discussed by a Special Sub-Committee of the Public Health and Housing Committee with representatives of each of the twenty-five Sanitary Districts in a series of conferences held at the Shire Hall.

These conferences were of value in enabling the Public Health and Housing Committee to meet certain local objections to the Scheme by its subsequent amendment and to gauge reasonably accurately the extent of the support forthcoming from County Districts.

It will obviously be impossible to gratify every local sentiment or to overcome every local difficulty, but a sufficient measure of agreement was evident confirming that many Districts urgently require such Hospital accommodation and that a large proportion support a central Scheme.

Four District Councils who have provided Hospital accommodation sufficient and adequate for the needs of their areas objected to the Scheme which provided for the County Council to take over their Hospitals at valuation so that they could be used as ancillary to the new Central Hospital.

The Scheme will be amended to meet these objections, there being no power of compulsory acquisition.

The object of the Scheme was to secure a maximum use of the Central Hospital, both because it will obviously provide a better service for the patients and also to secure the greatest economy of administration.

The continued maintenance of the three Hospitals administered by the four objecting Authorities will certainly secure Hospital accommodation immediately accessible to their populations, but it will not secure either maximum efficiency or economy.

Actually the cost per patient to the Local Authority will tend to increase, perhaps considerably, as some of the Hospitals derive a considerable income from the charges made for the reception of patients from the areas of other Local Authorities ; though the number of beds available is only sufficient for their own requirements.

The County Council have now approved amendments to the Scheme to meet these objections and to provide for a site further south in the County.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

A list of the Public Health Officers of the Authority is given at the beginning of the Report, as required by Circular 1269, for convenience of reference.

Nursing in the Home.

- (a) **General.** There are sixty-eight District Nursing Associations in the County of which fifty-three are affiliated to the Nottinghamshire Nursing Federation.

The majority of the Associations are financially assisted by the County Council in respect of Midwifery Services by means of grants through the Nottinghamshire Nursing Federation or by direct grants in respect of services for poor persons through the Public Assistance Committee.

There is close co-ordination with County Services as the District Nurse Midwives are inspected by the County Inspector of Midwives ; they are also encouraged to participate in the County ante-natal arrangements and to attend Ante-Natal Clinics and Child Welfare Centres. I am also in frequent touch with the County Nursing Superintendent, Miss Challis, whose co-operation is a real asset.

Further progress has been made in covering parishes by District Nursing Associations.

A new Association was started to cover the parishes of North and South Muskham, Bathley, Averham and Kelham, and the Associations at Dunham and East Drayton were reorganised as the Dunham, East Drayton and District Association and the East Markham Association, resulting in the covering of the additional parishes of Askham, Eaton and Headon-cum-Upton.

A proposal to start Associations in the Bunny district and the North and South Leverton parishes fell through.

In the south of the County, in a rural area inaccessible to Midwifery Services, a new Association was started at Barnstone, to include the parishes of Langar and Barnstone, Elton, Granby and Sutton, Colston Bassett and Wiverton.

At the time of writing I understand that the Association at Chilwell is shortly to be revived.

There are still many rural parishes to be covered and I hope this good progress by the Nottinghamshire Nursing Federation will be steadily maintained until the whole County is adequately provided for.

The need is really urgent and I appeal to all Women's Associations, such as Women's Institutes, to interest themselves in securing this necessary Service for the mothers of their districts.

The County Council have continued to support the efforts of the Nottinghamshire Nursing Federation by increased grants and by giving grants towards the purchase and maintenance of small cars for Nurse Midwives.

The following is a list of Nursing Associations at work in the County :—

Associations Affiliated to the Nottinghamshire Nursing Federation.

Annesley and Kirkby (South Ward)	Huthwaite
Arnold and Daybrook	Kimberley
Babworth and Osberton	Kingston-on-Soar
Balderton	Kneesall
Barnstone	Lowdham
Beeston	Muskham
Bingham	Newark
Blidworth	Orston
Blyth and Hodsock	Oxton and Epperstone
Brinsley	Pleasley
Bull Farm Area	Plumtree
Burton Joyce	Radcliffe-on-Trent
Calverton	Rainworth
Carlton-on-Trent	Ruddington
Clayworth, Gringley, Wiseton	Rufford
Clifton	Selston
Collingham	Serlby
Dunham, East Drayton and District	Southwell
East Bridgford	Thoresby
East Leake, Gotham and District	Thorney
East Markham	Thurgarton
Eastwood	Tuxford
Edwinstowe and Clipstone	Underwood
Firbeck Main Colliery District	Warsop
Greasley	Wollaton
Harworth	Worksop
Hucknall	

Associations not Affiliated to the Nottinghamshire Nursing Federation.

Beeston District Nursing Society	Newstead Colliery
Carlton and District	Rampton
Carlton-in-Lindrick	Skegby, Stanton Hill and Teversal
Clipstone	Sutton-in-Ashfield
Cotgrave	Walkeringham and Misterton
Kirkby-in-Ashfield	Welbeck Estate
Mansfield and Mansfield Woodhouse	West Bridgford
Langwith and District	

(b) Nursing for Infectious Diseases.

No arrangements are made by the County Council for the nursing in the homes of infectious cases.

Pathological Laboratory.

The following return shows the number of specimens submitted from each of the Sanitary Districts in the County and by the County Medical Officer's Staff during the year 1932 :—

RETURN OF SPECIMENS FOR BACTERIOLOGICAL EXAMINATION SUBMITTED DURING THE YEAR, 1932.

(The examination for Spirochaetes, Gonococci and Wassermann Tests are given under Venereal Diseases on p. 126).

	Diph- theria	Enteric Fever	Tubercle	Cerebro- Spinal Fever	Malaria	Dysen- tery
Mansfield	—	16	32	—	—	—
(Borough)						
Worksop (Borough) ..	3	—	2	2	—	—
Newark (Borough) ..	—	—	1	—	—	—
East Retford (Borough)	69	—	27	—	—	—
Arnold	12	3	18	—	—	—
Beeston	88	5	30	—	—	—
Carlton	38	—	21	—	—	—
Eastwood	1	—	1	—	—	—
Hucknall	6	12	35	2	—	—
Huthwaite	—	4	—	1	—	—
Kirkby-in-Ashfield ..	—	—	3	2	—	—
Mansfield Woodhouse ..	—	1	—	7	—	—
Sutton-in-Ashfield ..	—	2	6	4	—	—
Warsop	10	1	6	2	—	—
West Bridgford ..	26	1	31	—	—	—
Basford	79	3	24	11	1	—
Bingham	39	10	54	—	—	—
Worksop (Rural) ..	42	1	6	7	—	—
East Retford (Rural) ..	19	2	15	4	—	—
Leake	3	—	1	—	—	—
Misterton	4	—	7	—	—	—
Newark (Rural) ..	—	—	1	—	—	—
Skegby	—	—	3	6	—	—
Southwell	43	5	37	—	—	1
Stapleford	9	—	17	1	—	—
By County Council Staff	3	2	663	—	—	—
TOTAL ..	494	68	1,041	41	1	1
GRAND TOTAL	1,646					

Hospitals in the County (or County Borough serving the County Population).

The following tables give in summary form the Hospitals available. Tables A and B give particulars of each Hospital, Council and Voluntary, and proportion of beds considered to be available for County cases, and table C shows the number of beds available for the various categories of sick.

Tables D and E show the Isolation Hospital accommodation available in the County.

Experience shows that there is a shortage of Hospital accommodation for the County population.

Acute cases obtain prompt treatment, including cases of complicated maternity, but there are considerable waiting lists for non-acute and medical cases. Proposals for improving the Hospital provision for the County by co-ordinating the functions of Council and Voluntary Hospitals are included in the Report on the Survey of County Institutions previously referred to.

Institutional Provision for Unmarried Mothers.

There is one Voluntary Institution in the County to which annual grants are made by the County Council.

Institutional Provision for Mental Defectives.

There is a Special School for Mentally Defective Boys, of forty-five beds, at Hopwell Hall, maintained by the County Council, and a similar School of forty-five beds for Girls at Sutton Fields House, Sutton Bonington.

In the Basford County Institution there is a block of forty beds for trainable adult females and there is certified accommodation for forty-five adult cases at the other County Institutions—namely, Mansfield, eighteen (six males, twelve females), Retford, twelve (four males, eight females), and Southwell, fifteen (three males, twelve females).

In surveying the County Institutions the need for further accommodation for mental defectives has been remembered.

Ambulance Provision.

The County Council do not maintain any ambulances.

Ambulances are maintained by the Local Authorities in connection with the following Isolation Hospitals :—Basford, Worksop, Newark, Southwell, Misterton, East Retford, Rushcliffe, Mansfield and Nottingham City. These ambulances are available for use by other districts having arrangements for accommodation of their cases.

Table A.

HOSPITAL ACCOMMODATION.
Hospitals under the Control of Local Authorities.

NAME.	SITUATION.	MANAGEMENT.	PURPOSE.	Num-ber of Beds and Cots.	MEDICAL STAFF.		NURSING STAFF.		CONSULTANTS.	SPECIAL DEPARTMENTS.	Approximate percentage of Beds serving	
					Total No.	Classification.	Total No.	Classification.			Coun-ty.	Out-side Areas.
Ransom Sanatorium.	Rainworth, near Mansfield.	County Council.	Tuberculosis Sanatorium.	*150	2	Medical Super-intendent. Assistant Resi-dent Medical Officer.	21	Matron. Home Sister. Night Sister. Three Day Sisters. Two Temporary Staff Nurses. One Holiday Nurse. Three Staff Nurses. Two Assistant Nurses. Eleven Probationers.	2	Radiologist. Orthopaedic Surgeon.	100%	—
Kilton Hill Hospital.	Worksop.	County Council.	General.	97	1	Visiting Medical Officer.	10	Matron. Sister... Six Staff Nurses. Male Attendant. Male Night General Assistant.	—	Available as required	100%	—
County Institution.	Basford.	County Council.	General.	216	1	Visiting Medical Officer.	32	Matron. Superintendent Nurse. Home Sister and Sister Tutor. Three Ward Sisters. Night Sister. Seventeen Probationer Nurses. Female Night Attendant. Female Mental Nurse. Two Female Mental Attendants. Children's Nurse Attendant. Infirm Attendant and Relief Officer. Female Attendant. Male Night General Assistant.	—	Available as required.	70%	30%
County Institution.	Bingham.	County Council.	General.	36	1	Visiting Medical Officer.	2	Matron. Nurse Attendant.	—	Available as required.	100%	—
County Institution.	Mansfield.	County Council.	General.	243	2	Visiting Medical Officer. Visiting Surgeon.	42	Matron. Superintendent Nurse. Assistant Superintendent Nurse. Three Ward Sisters with C.M.B. Three Ward Sisters without C.M.B. Night Sister. Twenty-five Probationer Nurses. Female Relief Officer. Children's Nurse Attendant. Female Night Attendant. Three Male Attendants. Male Night General Assistant.	—	Available as required.	75%	25%

* Includes 20 beds brought into use in 1933.

Table A.—Continued.

HOSPITAL ACCOMMODATION.

NAME.	SITUATION.	MANAGEMENT.	PURPOSE.	Num-ber of Beds and Cots.	MEDICAL STAFF.		NURSING STAFF.		CONSULTANTS.		SPECIAL DEPARTMENTS.	Approximate percentage of Beds serving	
					Total No.	Classification.	Total No.	Classification.	Total No.	Classification.		Coun-ty.	Out-side Areas.
County Institution.	Newark.	County Council.	General.	69	1	Visiting Medical Officer.	8	Matron. Superintendent Nurse. Ward Sister. Five Nurse Attendants.	—	Available as required.	Operating Theatre (not equipped). Maternity.	100%	—
County Institution.	Retford.	County Council.	General.	68	1	Visiting Medical Officer.	6	Matron. Head Nurse. Four Nurse Attendants.	—	Available as required.	Maternity.	100%	—
County Institution.	Southwell.	County Council.	General.	*82	1	Visiting Medical Officer.	8	Matron. Head Nurse. Five Nurse Attendants. Infirm Attendant.	—	Available as required.	Operating Theatre. Maternity.	100%	—
County Mental Hospital.	Radcliffe-on-Trent.	County Council.	Mental.	764	3	Medical Superintendent. Senior Assistant Medical Officer. Second Assistant Medical Officer.	109	Matron. Head Male Nurse. Assistant Matron. Junior Assistant Matron. Deputy Head Male Nurse. Thirty-five Certified Male Nurses. Thirty-two Certified Female Nurses. Four Male Nurses (passed preliminary examination). Twelve Female Nurses (passed preliminary examination). Six Male Probationer Nurses. Fifteen Female Probationer Nurses.	—	All members of the Honorary Medical Staff of the Nottingham General Hospital are available as required.	Dental. Out-patient Nerve Clinic opened at the Nottingham General Hospital on 3rd Feb'y, 1933.	100%	—
City Venereal Diseases Hospital.	Greendale House, Nottingham.	City and County Borough of Nottingham.	Venereal Diseases in Women.	12 and Cots.	—	—	—	—	—	—	—	10%	90%

* Includes 29 Beds in Infirmary Block.

NAME.	SITUATION.	PURPOSE.	Number of Beds and Cots.	SPECIAL DEPARTMENTS.	Approximate Percentage of Beds serving	
					County.	Outside Areas.
General Hospital.	Nottingham.	General.	*383	Operating Theatre, X-Ray, Dental, Massage, Ear, Nose and Throat, Pathological, Orthopædic, Maternity, Radium, Cardiological, Skin, Actino-Therapy.	41%	59%
Children's Hospital.	Nottingham.	General.	90	Operating Theatre, X-Ray, Dental, Massage, Ear, Nose and Throat, Pathological.	50%	50%
Mansfield and District Hospital.	Mansfield.	General.	135	Operating Theatre, X-Ray, Ophthalmia, Dental, Massage, Electrical, Ear, Nose and Throat, Pathological, Orthopædic, Maternity, Ultra-Violet Radiation.	90%	10%
Newark Town and District Hospital and Dispensary.	Newark.	General.	50	Operating Theatre, X-Ray, Dental, Massage, Maternity, Electrical.	80%	20%
Retford and District Hospital and Dispensary.	Retford.	General.	36	Operating Theatre, X-Ray, Dental, Massage, Pathological, Maternity.	100%	—
Victoria Hospital.	Workshop.	General.	92	Operating Theatre, X-Ray, Ophthalmia, Dental, Massage, Ear, Nose & Throat, Pathological, Maternity.	85%	15%
Nottingham and Midland Eye Infirmary.	Nottingham.	Ophthalmic.	56	Operating Theatre, Ophthalmia.	57%	43%
Nottingham and Notts. Hospital for Diseases of Throat, Ear and Nose.	Nottingham.	Ear, Nose and Throat.	18	Ear, Nose and Throat.	Information not available.	
Gringley Children's Hospital.	Gringley-on-the-Hill.	Surgical Tuberculosis.	38	Operating Theatre, Dental, Ultra-Violet Radiation.	15%	85%
Harlow Wood Orthopædic Hospital.	Harlow Wood, nr. Mansfield.	Orthopædic.	86	Operating Theatre, X-Ray, Orthopædic.	50%	50%
Nottingham Hospital for Women (Peel Street).	Nottingham.	Gynæcological.	60	Operating Theatre, Pathological, Gynæcological.	50%	50%

*In addition there are 75 beds (average number equipped) at "The Cedars" Branch of the Hospital, Mansfield Road, Woodthorpe, Nottingham, representing 35 male and 40 female beds. Medical and Surgical cases are admitted to these beds as occasion arises.

Table C. HOSPITAL ACCOMMODATION. Beds available for various categories of sick.

	Ran- som Sana- torium	Kilton Hill Hos- pital	County Institu- tion, Basford	County Institu- tion, Bing- ham	County Institu- tion, Mans- field	County Institu- tion, Newark	County Institu- tion, Retford	County Institu- tion, South- well	County Mental Hospital	City V.D. Hos- pital	General Hospital, Notting- ham	Chil- dren's Hos- pital, Notting- ham	Mans- field & District Fos- pital	Newark Town & Dis- trict Hos- pital & Dis- pensary	Retford & Dis- trict Hos- pital & Dis- pensary	Victoria Hos- pital, Work- sop	Notting- ham and Notts. Hos- pital for Dis- eases of the Throat Ear & Nose	Gring- ley Chil- dren's Hos- pital	Harlow Wood Ortho- pædic Hos- pital	Notting- ham Hos- pital for Women (Peel Street)	TOTALS	
	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	
GENERAL MEDICAL ..					40 30 24						55 47 13	34 9 9 33 17 13 10 10 10 6 11 8 4									142 117 124	
GENERAL SURGICAL ..					11 14						96 84 14	40 50 19		Includ- ed in General Medical	Includ- ed in General Medical							196 137 60
CHRONIC SICK ..					17 15																	17 15
MENTAL ..					20 16																	336 464
MENTAL DEFICIENCY ..																						
MATERNITY ..		5	9		8	2	4	1			Included in General Surgical	4	Includ- ed in General Medical	Includ- ed in General Medical	Includ- ed in General Medical						Includ- ed in Gynæ- eologi- cal	33
PUERPERAL FEVER AND PYREXIA ..																						60
GYNÆCOLOGICAL ..					8																	20 & cots
VENEREAL DISEASES ..																						
TUBERCULOSIS ..	56 54 40	7 5	4 5		15 12	4 2					Included in General Medical		3 2						38			86 78 78
ORTHOPÆDIC ..											Includ- ed in General Surgi- cal		3 3						43 43 **			46 45
EAR, NOSE AND THROAT ..											16 16 8		3 3									27 29 24
OPHTHALMIC ..																						25 15 10
OPHTHALMIA NEONATORUM ..																						3 3
OTHER ..					12 1						31 3			Priv- ate beds 5 5	Priv- ate beds 5 5	Isola- tion 2 2						55 16
UNCLASSIFIED ..	56 54 40	51 46	99 98 19	17 15	4 115 104 24 34 24 11 32 31 5 41 35 6 316 448	30 20 11 32 27 5 41 34 6																259 216 45
TOTALS ..	150	97	216	36	243	69	68	*82	764	12 †	\$383	90	135	50	36	92	18	38	86	60		2781

* Includes 29 Beds (18 Male, 11 Female) in Infirm Block.
† And Cots. ** Included in Male and Female.
‡ Mental Defectives accommo-
dated in ordinary Wards of certain County Institutions.
§ In addition there are 75 beds (average number equipped) at "The Cedars" Branch
of the Hospital representing 35 male and 40 female beds. Medical and Surgical cases are admitted to these beds as occasion arises.

Table D. INFECTIOUS DISEASES HOSPITAL ACCOMMODATION (Other than Smallpox). COUNTY OF NOTTINGHAM.

OWNED BY.	SITUATED AT.	NAME OF HOSPITAL.	DISTRICTS SERVED.	POPULATION SERVED. Census, 1931.	NUMBER OF WARD BLOCKS.	NUMBER OF WARDS.	Number of beds on the basis of one bed per 144 sq. ft. of floor space or in the case of single bed wards 120 sq. ft.
Basford R.D.C.	Hucknall Road, Old Basford, Nottingham.	Basford H.	Arnold U.D. Basford R.D. Beeston U.D. Bingham R.D. Carlton U.D. Eastwood U.D. Heanor U.D. Hucknall U.D. Ilkeston B. Kirkby U.D. Shardlow R.D. Skegby R.D. Stapleford R.D. West Bridgford U.D.	297,908	2	9	31
Mansfield B.C.	Southwell Road, Mansfield.	Forest H.	Mansfield B. Mansfield W'h'se U.D. Kirkby-in-Asf'd U.D. Skegby R.D.	90,636	3	12	32
Misterton R.D.C.	Walkeringham.	Misterton H.	Misterton R.D.	3,923	1	2	4
Newark B.C.	About 2 miles from Newark.	Barnby Road H.	Newark B. Newark R.D.	27,414	2	4	20
East Retford B.C.	New Street, Retford.	Arlington House.	East Retford B. East Retford R.D.	29,812	1	5	6
Southwell R.D.C.	Upton Road, Southwell.	Southwell H.	Southwell R.D.	32,076	2	6	10
Worksop B.C. and Worksop R.D.C.	Carlton in Lindrick.	Carlton I.H.	Worksop B. Worksop R.D.	40,840	3	5	26

Table E. SMALLPOX HOSPITAL ACCOMMODATION. COUNTY OF NOTTINGHAM.

OWNED BY.	SITUATED AT.	NAME OF HOSPITAL.	DISTRICTS SERVED.	POPULATION SERVED. Census, 1931.	NUMBER OF WARD BLOCKS.	NUMBER OF WARDS.	Number of beds on the basis of one bed per 144 sq. ft. of floor space or in the case of single bed wards 120 sq. ft.
Huthwaite U.D.C.	Station Road, Huthwaite.	*Huthwaite S.P.H.	Huthwaite U.D.	5,092	1	2	7
Kirkby-in-Ashfield U.D.C.	The Doles.	Kirkby-in-Ashfield S.P.H.	Kirkby-in-Ashfield U.D.	17,797	2	4	21
Newark B.C.	About two miles from Newark.	Barnby Road H.	Newark B. Newark R.D.	27,414	2	4	8
East Retford B.C.	Grove Lane, Retford.	East Retford S.P.H.	East Retford B. East Retford R.D.	29,812	1	2	6
Rushcliffe J.C.	Hucknall, Notts.	Rushcliffe Small Pox Hospital.	Arnold U.D. Beeston U.D. Carlton U.D. Hucknall U.D. Stapleford R.D.	83,203	3	5	22
Worksop B.C. and Worksop R.D.C.	Kilton Wood, Worksop.	Worksop Borough and Worksop Rural District Joint S.P.H.	Worksop B. Worksop R.D.	40,840	2	4	16

* This Hospital is not equipped

The Colliery Companies and larger factories maintain ambulances for accident cases. At Mansfield an ambulance was provided by the British Red Cross Society and is maintained by the Borough Council and there are ambulances maintained by the British Red Cross Society at Beeston and by the St. John Ambulance Brigade at Huthwaite, Worksop, Stapleford, Carlton and Mansfield. An ambulance for non-infectious and accident cases maintained by the Arnold Urban District Council is manned by orderlies and drivers provided by the British Red Cross Society. The Carlton, Hucknall, Sutton-in-Ashfield and West Bridgford Urban District Councils also maintain ambulances for non-infectious cases. The Kirkby-in-Ashfield Urban District Council maintain two ambulances, one for infectious cases and one for non-infectious cases. An ambulance for non-infectious and accident cases is maintained by the Retford and District Ambulance Committee.

There are also ambulances maintained by various General Hospitals, the Police and Fire Brigades.

Up to the present time there has been no difficulty in hiring an ambulance from one of these sources when needed for County Council purposes, and formal arrangements have been made in connection with the County Institutions.

Clinics and Treatment Centres.

The following table shows the various Clinics and Centres in operation in the County.

Those maintained by District Authorities are identified by †.

The figure shown opposite each place indicates the number of sessions held under each heading per month of four weeks.

Further tables giving days and times of sessions at County Centres and Clinics are given in the chapters dealing with the respective Services.

SITUATION OF CLINIC OR CENTRE.	Mater- nity and Child Welfare.	Ante- natal.	School Clinic.	Tuber- culosis.	Ven- ereal Dis- eases.	Orthopaedic (All main- tained by Voluntary Organisa- tions).	Aural.	Dental
Arnold	8†	3†	8	—	—	—	—	—
Balderton	4	—	—	—	—	—	—	—
Beeston	8†	4†	8	—	—	—	—	—
Beauvale	2	—	—	—	—	—	—	—
Bestwood	2	1	—	—	—	—	—	—
Bilsthorpe	2	1	—	—	—	—	—	—
Bingham	4	1	—	—	—	—	—	—
Blidworth	2	1	—	—	—	—	—	—
Carlton	16	4	8	—	—	—	—	2
Clipstone	4	2	8	—	—	—	—	—
Collingham	2	1	—	—	—	—	—	—
Cotgrave	2	1	—	—	—	—	—	—
East Leake	2	1	—	—	—	—	—	—
East Retford	8†	8†	44†	4	—	—	—	8†
Eastwood	4	2	8	—	—	—	—	—
Edwinstowe	2	2	—	—	—	—	—	—
Flintham	2	1	—	—	—	—	—	—
Gotham	2	1	—	—	—	—	—	—
Harworth	4	1	—	—	—	—	—	—
Hucknall	8†	4†	8	—	—	24	—	—
Huthwaite	4	2	—	—	—	—	—	—
Kimberley	4	1	—	—	—	—	—	—
Kirkby-in-Ashfield .. (3 M.C.W. Centres)	6†	4†	8	—	—	—	—	—
Langar	1	1	—	—	—	—	—	—
Langold	4	2	—	—	—	—	—	—
†Loughborough	—	—	—	—	—	32	—	—
Lowdham	4	1	—	—	—	—	—	—
Mansfield (2 M.C.W. & Ante-natal Centres)	20†	4†	44†	16	88	44	4†	44†
Mansfield Woodhouse (2 M.C.W. Centres)	12†	4†	8	—	—	—	—	2†
Misterton	4	1	—	—	—	—	—	—
Newark	8†	—	12†	4	—	20	—	8†
Newstead	4	2	—	—	—	—	—	—
Nottingham	—	—	—	16	92*	44	—	—
Ollerton	10	2	—	—	—	—	—	—
Plumtree	2	1	—	—	—	—	—	—
Radcliffe-on-Trent	2	1	—	—	—	—	—	—
Rainworth	2	—	—	—	—	—	—	—
Ruddington	2	1	—	—	—	—	—	—
Selston	2	2	—	—	—	—	—	—
Skegby	2	—	—	—	—	—	—	—
South Leverton	2	1	—	—	—	—	—	—
Southwell	4	1	—	—	—	—	—	—
Stanton Hill	2	1	—	—	—	—	—	—
Stapleford	12	2	8	—	—	—	—	—
Sutton-in-Ashfield	8†	2†	12	—	—	—	4	40
Sutton-on-Trent	2	1	—	—	—	—	—	—
Tuxford	4	1	—	—	—	—	—	—
Warsop (3 M.C.W. Centres)	6†	1†	—	—	—	—	—	—
West Bridgford	4	2	—	—	—	—	—	—
Worksop	8†	2†	4	8	—	20	—	—

† Nottinghamshire cases living near the boundary attend this Clinic.

* This Clinic is maintained by the Nottingham Corporation.

MATERNITY AND CHILD WELFARE.

This branch of the work has been strengthened during the year by the opening of three new Child Welfare Centres, the provision of an additional session at one Centre, the erection of a new building designed for use as a Child Welfare Centre and School Clinic and the establishment of six further Ante-Natal Clinics.

There have been no important changes in the Staff directly engaged in Child Welfare work.

A very serious loss to the Service occurred by the death on 2nd February, 1932, of Miss H. F. Simmons, one of the Assistant Inspectors of Midwives.

Miss Simmons had served under the County Council since 1909, first as a School Nurse and then from the 1st March, 1919, onwards as an Inspector of Midwives.

In both capacities she was conscientious, able and beloved by the people she served.

As an Inspector of Midwives she reached the ideal, being efficient yet sympathetic and, whilst insisting upon sound midwifery and strict conformity to rules, yet she was able to earn the regard of Midwives as a friend whose object was to help and advise.

Setting an example of high conscience which she expected of others she will be long missed throughout the part of the County she served so long and well.

Maternal Mortality.

The number of women dying in, or as a consequence of, childbirth in the whole County was twenty-nine, compared with thirty-three in 1931; six from sepsis and twenty-three from other causes.

The rate per 1,000 live births was 3.85 (whole County), the rate for England and Wales being 4.24. The rate due to puerperal sepsis was 0.79, compared with 1.61 for England and Wales.

Of these deaths thirteen occurred in the County Council Area for Maternity and Child Welfare, and the remaining sixteen were distributed as follows;—Mansfield Borough, four; Worksop Borough, two; Newark Borough, one; East Retford Borough, two; Hucknall Urban District, one; Kirkby-in-Ashfield Urban District, four; Mansfield Woodhouse Urban District, one; Warsop Urban District, one.

The rates per 1,000 live births in the County Council Area and the remaining Districts of the County were 3.49 and 4.19 respectively.

In the four Urban Districts in which the County Council are the Maternity and Child Welfare Authority there were three maternal deaths, giving a mortality rate of 4.21.

During the year full and thorough investigation has been made into all maternal deaths, not only in the "Special Area" but, by arrangement, also in all the Urban Districts with the exception of Arnold and Mansfield, where the Local Authorities have arranged for similar investigation.

The reports consequent upon these investigations have been submitted to the Ministry of Health for analysis by a Special Committee of Investigation, whose final report has now been issued.

The inquiries are strictly confidential and the final reports to the Ministry are not identifiable with the respective cases, nor are any duplicate records made.

The assistance which has been received in this work from general practitioners and members of Hospital Staffs has been of the greatest value.

Neo-Natal Mortality.

In dealing with the Vital Statistics earlier in this Report I have again commented upon the heavy loss of infant life due to congenital debility, malformation and premature birth.

The County Infantile Mortality Rate is 66 for the year 1932. Over half this rate (35.9) is due to the above-named causes, so that the actual Infantile Mortality Rate for children normal at birth is only 30.1 per 1,000 live births.

Administration of Midwives' Acts, 1902-1926.

The Nottinghamshire County Council are the Local Supervising Authority for the whole administrative County. During the year 249 Midwives notified their intention to practise in the County, of whom 232 were trained, the remaining seventeen being untrained. The latter are Midwives who are allowed to practise by virtue of Section 2 of the Midwives' Act, 1902, having been in practice before the operation of that Act.

Inspection is carried out by a whole-time Assistant Inspector, who has had special experience.

The following table shows the number of cases attended by trained midwives without a doctor during the last five years :—

Year.			Number of Cases.
1928	..	..	5,072
1929	..	..	4,963
1930	..	..	5,204
1931	..	..	4,929
1932	..	..	4,847

Two of the untrained Midwives took no cases and the remaining fifteen attended 143 cases.

During 1929 eighteen untrained Midwives attended 317 confinements and during 1930 eighteen attended 237 confinements—an average each year of fifteen cases per untrained Midwife, compared with twelve during 1931 and nine in 1932.

The largest number of cases attended by any individual Midwife during 1932 was 260.

MEDICAL AID.

In 1932 medical aid was sent for in 1,535 cases—30.76 per cent. of the cases attended by Midwives. Trained Midwives sent for medical aid in 30.97 per cent. of their cases and the untrained in 23.78.

In calling in medical assistance the Midwife is required to send for the doctor desired by the patient, the Local Supervising Authority being responsible for the payment of the doctor's fee, in accordance with a scale of fees prescribed by the Ministry of Health. The Local Supervising Authority may recover the fee from the patient according to her means.

In 1932 the number of notices that medical assistance had been summoned was 1,535, but the actual number of claim forms submitted by 133 medical practitioners was 979, claiming fees amounting to £1,373, compared with 920 claims amounting to £1,283 in 1931.

The percentage of cases in which doctors claimed fees was 63.78 in 1932, compared with 59.31 in 1931.

In eleven necessitous cases resident in the Maternity and Child Welfare "Special Area" the Midwives' fees were paid by the County Council, the amount paid being £16 2s. 0d.

In such cases the County Council pay the Midwife's fee to an amount not exceeding thirty-five shillings.

The number of notices received by the Local Supervising Authority are set out below with the numbers for the previous four years for comparison.

TABLE OF NOTICES RECEIVED BY THE NOTTS. LOCAL
SUPERVISING AUTHORITY.

	1928	1929	1930	1931	1932
*Records of sending for Medical help ..	1,500	1,489	1,560	1,551	1,535
Notices of still-birth	134	124	130	105	144
Notices of death of child	85	90	72	94	84
Notices of death of mother	11	10	15	15	5
Notices of laying out the dead ..	25	31	30	26	25
Changes of name notified to the Central Midwives Board	1	5	1	—	—
Deaths of Midwives notified to the Central Midwives Board	1	—	2	3	1
Notices of Liability to be a source of Infection	64	77	83	84	104
Notices of Artificial Feeding	69	50	59	50	47
TOTALS ..	1,890	1,876	1,952	1,928	1,945

* A Table of the causes for which medical help was sought will be found in the Appendix (p. xxvii).

All the Midwives were visited at least quarterly by the Inspector, who made 488 routine visits and 2,291 special visits during the year, compared with 757 and 1,440 respectively in 1931.

The County Council paid compensation amounting to £2 12s. 6d. to two Midwives for loss of practice due to suspension.

In forty-five instances Midwives were suspended for more than twenty-four hours on account of liability to be a source of infection, due notification being sent to the Central Midwives Board in each case.

ANTE-NATAL WORK.

All Midwives are required to carry out ante-natal work, and ante-natal registers have been supplied by the County Council to ensure proper records.

The Midwives are, however, advised to try to persuade their patients to go to their own Doctors or to an Ante-Natal Clinic for at least one examination. In 1932 medical help was sought in 288 cases for abnormalities arising during pregnancy.

Too much emphasis cannot be laid upon the very serious responsibility which falls upon a Midwife in connection with ante-natal supervision.

Maternal mortality is still caused by inadequate ante-natal care, either by Doctors or Midwives, in a certain proportion of cases.

EYE DISCHARGE IN THE NEWBORN.

Eighty-six cases of eye discharge in newborn infants were notified in 1932, forty-two being also notified as Ophthalmia Neonatorum. This compares with forty-six notified in the previous year.

Every case attended by the Midwife was enquired into immediately by the Inspector of Midwives and was subsequently followed-up by the County or District Health Visitors.

All the cases of Ophthalmia Neonatorum received treatment as shown in the subjoined table.

CASES OF OPHTHALMIA NEONATORUM.				Vision un- impaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated.						
	At Home.	At Hospital.					
		Out- Patients	In- Patients				
42	30	7	5	42	—	—	—

“Collosal Argentum” is supplied free of charge by the County Council to all practising Midwives for prophylactic use.

POST-GRADUATE COURSE.

Six Midwives were sent for a period of two weeks' post-graduate instruction during the financial year at the cost of the County Council.

Midwifery Services by Nottinghamshire Nursing Federation.

In the Annual Report of the Federation for the year 1932-33 it is shown that 998 new midwifery cases and 410 new maternity cases were undertaken by their Nurses during the twelve months—nineteen per cent. of the total births registered in the County. In addition the Nurses paid 6,992 visits in connection with ante-natal welfare.

All these figures show increases.

The number of District Nurse Midwives carrying out midwifery, employed by Nursing Associations affiliated to the Nottinghamshire Nursing Federation, was, at the end of the year, fifty-seven.

Nursing and Maternity Homes.

There were fourteen Homes on the register at the beginning of the year, twelve Maternity and two other Nursing Homes.

During the year registration was completed in respect of two Maternity Homes, the applications having been made at the end of 1931.

Exemptions were granted in five cases on application from General Hospitals in the County.

Structural alterations having reduced the accommodation at two of the existing Maternity Homes the registration in one case was amended from three maternity cases to two maternity cases, and the other Home was approved for the reception of cases other than maternity only.

There were thirteen Maternity and three other Nursing Homes registered in the County at the end of the year.

All the Homes were inspected quarterly and no unsatisfactory conditions were found.

Puerperal Fever and Puerperal Pyrexia Regulations, 1926.

Nine cases of Puerperal Fever and thirty-four cases of Puerperal Pyrexia were notified during 1932, compared with fifteen and fifty-one during 1931. In every case reported to the County Public Health Department a formal notification was received.

Of the total of forty-three cases, eighteen occurred in the County Council Area for Maternity and Child Welfare, two Puerperal Fever and sixteen Puerperal Pyrexia.

No cases of Puerperal Fever or Puerperal Pyrexia were notified in the four Urban Districts in the "Special Area."

The services of a Consultant under the County Council's Scheme were obtained in six cases, a decrease of nine on the previous year.

Eight of the cases in the County Council Area for Maternity and Child Welfare were admitted to Hospital, as follows:—Nottingham General Hospital, four; Victoria Hospital, Worksop, three; Newark Town and District Hospital, one.

In no case was it reported that there was any difficulty in obtaining Hospital treatment.

The County Council have formal arrangements for the use of beds at the Mansfield and Worksop Hospitals and undertake the cost of treatment at other Hospitals as required. At the General Hospital, Nottingham, no charge is made for treatment.

Of the forty-three cases, forty-one made good recoveries and two died. Neither of the deaths occurred in the County Council Area for Maternity and Child Welfare.

The County Council Area for Maternity and Child Welfare.

This "Special Area" is comprised of the ten Rural Districts and four of the fifteen Urban Districts: namely, the Urban Districts of Carlton, Eastwood, Huthwaite and West Bridgford.

The main statistics for the Area for the past five years are given in the following table:—

Year.	Total Popula- tion.	No. of Centres.	No. of Births.	Birth Rate.	Deaths of Infants under 1.	Infantile Mortality Rate.	No. of Maternal Deaths.	Maternal Mortality Rate.
1928	205,420	25	3,766	18.3	223	59	12	3.19
1929	209,974	29	3,740	17.8	261	69	20	5.35
1930	218,775	32	3,834	17.5	217	56	18	4.70
1931	225,970	34	3,838	16.9	240	62	12	3.10
1932	228,750	37	3,719	16.2	243	65	13	3.49

The Infantile Mortality Rate in the individual Districts which constitute the "Special Area" shows wide variation, as set out in the table below:—

INFANTILE MORTALITY RATE, 1931.

<i>Urban Districts.</i>				<i>Rate.</i>	<i>Rural Districts.</i>				<i>Rate.</i>
Huthwaite	..	..	..	90	Stapleford	..	..	..	92
Eastwood	..	..	..	72	Skegby	..	..	..	79
Carlton	..	..	..	54	Basford	..	..	..	67
West Bridgford	..	..	..	41	East Retford	..	..	..	67
					Worksop	..	..	..	66
					Misterton	..	..	..	66
					Southwell	..	..	..	59
					Newark	..	..	..	54
					Bingham	..	..	..	53
					Leake	..	..	..	45

Health Visiting.

The progress of this work is statistically indicated in the following five years' table showing an unbroken sequence of increased service.

	1928	1929	1930	1931	1932
First visits to Infants and Children	4,757	4,910	4,827	5,473	6,127
Re-visits	40,614	49,490	53,297	62,031	84,952
Visits to Expectant Mothers	2,059	1,877	2,137	2,653	3,887
	<hr/> 47,430	<hr/> 56,277	<hr/> 60,261	<hr/> 70,157	<hr/> 94,966

Attention is again drawn to the figures of visits to expectant mothers, showing that increasing effort is being made to give advice and help at this important period.

The number of visits now exceeds the number of births, but it must be remembered that some of the visits recorded are second or third visits.

I emphasised last year the primary importance of Health Visiting work and it is satisfactory to see that the Service rendered is steadily increasing.

I would again impress on Health Visitors that they can achieve a marked improvement in the mortality of mothers and newborn infants, and not a little, also, in maternal morbidity, by giving capable advice to expectant mothers and taking every step necessary to secure that that advice is acted upon.

A list of the Health Visiting Staff will be found in the table at the beginning of the Report. In addition the part-time services of District Nurses were utilised in the following Districts during the year :—

District.	Parish.	Nursing Association.
Worksop Rural.	.. Carlton-in-Lindrick .. Welbeck. Blyth. Nether Langwith.	Carlton-in-Lindrick. .. Welbeck. .. Blyth and Hodsock. .. Langwith.
East Retford Rural.	.. East Markham. Babworth. Ranby and Serlby.	.. Dunham, East Markham and District. .. Babworth and Osberton.
Leake Rural.	.. Leake. Kingston.	.. East Leake. .. Kingston.

Child Welfare Centres.

There were at the end of the year thirty-seven Centres fairly evenly distributed over the "Special Area."

MATERNITY AND CHILD WELFARE CENTRES.

Name of Centre.	Address of Centre.	Days upon which sessions are held.	Times of Sessions.		Sessions at which a Medical Officer is present.	Average Atten- dance 1932.
			From a.m.	To From p.m.		
CARLTON	576 Main Street	..	Monday	.. 2.0 4.30	.. Every session	.. 44
		..	Wednesday	.. 9.30 12.0	.. Every fourth session	..
		..	Wednesday	.. 2.0 4.30	.. Every session	..
		..	Friday	.. 2.0 4.30	.. Every session	..
STAPLEFORD	Pinfold Lane	..	Monday	.. 9.30 12.0	.. Every session	.. 25
		..	Wednesday	.. 2.0 4.30	.. Every session	..
		..	Friday	.. 2.0 4.30	.. None	..
		SESSIONS HELD TWICE AND THREE TIMES A WEEK.				
OLLERTON	Methodist Chapel	..	Tuesday	.. 2.0 4.30	.. None	.. 32
		..	Wednesday	.. 2.0 4.30	.. Every session	..
		..	Wednesday	.. 9.30 12.0 (fortnightly)	.. Every session	..
HARWORTH	Methodist Chapel, Waterslack Road, Bircotes	..	Monday	.. 9.30 12.0	.. None	.. 57
		..	Monday	.. 2.0 4.30	.. Alternate sessions	..
		SESSIONS HELD TWICE A WEEK.				
WEST BRIDGFORD	Baptist Church, Melton Road	..	Monday	.. 2.0 4.30	.. Alternate sessions	.. 64
		..	Thursday	.. 9.30 12.0	.. None	..
BALDERTON *BINGHAM CLIPSTONE EASTWOOD	Bullpit Lane Market Street Hut No. 20 Clinic, Council School, Devon- shire Drive	..	Thursday	.. 2.0 4.30	.. Alternate sessions	.. 25
		..	Monday	.. 9.30 12.0	.. Every fourth session	.. 14
		..	Friday	.. 2.0 4.30	.. Every fourth session	.. 21
		..	Thursday	.. 9.30 12.0	.. Alternate sessions	.. 50
HUTHWAITE	Methodist Church	..	Friday	.. 2.0 4.30	.. Alternate sessions	.. 42

Name of Centre.	Address of Centre.	Days upon which sessions are held.	Times of Sessions.		Sessions at which a Medical Officer is present.	Average Attendance 1932.
			From a.m.	To p.m.		
KIMBERLEY	9.30	12.0	..	35
LANGOLD	44
LOWDHAM	27
*MISTERTON	11
NEWSTEAD	42
SOUTHWELL	30
TUXFORD	26

SESSIONS HELD FORTNIGHTLY.

BEAUVALE	..	..	..	..	..	45
*BESTWOOD (opened 18-7-32)	..	..	..	..	..	14
BILSTHORPE (opened 11-7-32)	..	..	..	..	..	55
BLIDWORTH	..	..	..	..	..	48
*COLLINGHAM	..	..	..	..	..	21
*COTGRAVE	..	..	..	..	..	15
EAST BRIDGFORD (from 4-7-33)	..	..	..	..	..	—
EAST LEAKE	..	..	..	..	..	16
*EDWINSTOWE	..	..	..	..	..	54
*FLINTHAM (opened 21-6-32)	..	..	..	..	..	10
*GOTHAM ..	..	..	..	..	..	21
*PLUMTREE	..	..	..	..	..	25
RADCLIFFE-ON-TRENT	..	..	..	..	..	29
RAINWORTH	..	..	..	..	..	38
RUDDINGTON	..	..	..	..	..	37
SELSTON ..	..	..	..	..	..	54
SEGBY ..	..	..	..	..	..	27
*SOUTH LEVERTON	..	..	..	..	..	14
STANTON HILL	..	..	..	..	..	45
SUTTON-ON-TRENT	..	..	..	..	..	19

SESSIONS HELD MONTHLY.

*LANGAR	..	..	..	9.30	12.0	..	18
			..	Tuesday	..	Every session	..

* Ante-natal work is also carried out at these Centres at the Medical Officers' sessions

The location of these, together with days and times of sessions, is given in the table on pages 54 and 55. The average attendances at each Centre are also shown.

For the convenience of public reference this table is brought up-to-date to 31st July, 1933, and includes one Centre taken over during that year from a Voluntary Committee (thirty-eight Centres in all).

It will be seen that all Centres are being attended well in proportion to the population they serve.

During the year three new rural Centres were opened at Bestwood, Bilsthorpe and Flintham to serve population not accessible to existing Centres.

At Balderton a new building was in process of erection for use jointly as a Child Welfare Centre and School Clinic and was ready for occupation early in the new year (1933).

The total number of attendances by infants and children under five years of age at the Child Welfare Centres was 53,425, compared with 47,913 in 1931 and 27,810 six years ago.

In addition, 46,115 attendances were made by mothers and 421 by expectant mothers, compared with 42,191 and 672 in the previous year.

Medical consultations were given in respect of 20,443 attendances by infants and young children and 136 in respect of expectant mothers, compared with 19,180 and 386 in the year 1931.

The Health Visitors gave 761 lectures or "talks" to mothers at the Centres during the year on the various duties of "Mothercraft," compared with 778 last year.

These figures show such steady increases as to leave no doubt that there is public appreciation of and demand for this Service.

The reduced figures for expectant mother attendances and medical consultations are explained by the great increase during the year of Ante-Natal Clinics in respect of which the attendance figures were almost doubled.

Ante-Natal Clinics.

The table of Ante-Natal Clinics on page 57 is brought up-to-date to 31st July, 1933, for convenience of public reference.

In it are shown the location and days and times of sessions of the twenty-three Clinics now in operation.

In addition there is full equipment and facility for ante-natal work at eleven Child Welfare Centres in areas insufficiently populous for the setting-up of special Clinics.

There is, therefore, a total of thirty-four Centres at which ante-natal examination can be properly carried out, compared with six four years ago.

ANTE-NATAL CENTRES.

Name of Centre.	Address of Centre.	Days upon which sessions are held.	Times of Sessions.		Sessions at which a Medical Officer is present.	Average Attendance 1932.
			From a.m.	To p.m.		
SESSION HELD WEEKLY.						
CARLTON	576 Main Street	Tuesday	2.0	4.30	Every session	13
SESSIONS HELD FORTNIGHTLY.						
CLIPSTONE	Hut No. 20	Thursday	9.30	12.0	Every session	4
EASTWOOD	Clinic, Council School, Devonshire Drive	Tuesday	9.30	12.0	Every session	6
HUTHWAITE	Methodist Church	Thursday	2.0	4.30	Every session	11
LANGOLD	Temporary School Buildings	Wednesday	2.0	4.30	Every session	5
NEWSTEAD	Old Institute, Old Village	Monday	2.0	4.30	Every session	4
OLLERTON (opened 6-1-32)	Methodist Chapel	Wednesday	9.30	12.0	Every session	7
SELSTON	Congregational Chapel	Thursday	9.30	12.0	Every session	6
STAPLEFORD	Pinfold Lane	Wednesday	9.30	12.0	Every session	4
WEST BRIDGFORD	Baptist Church, Melton Road	Thursday	2.0	4.30	Every session	9
SESSIONS HELD MONTHLY.						
BALDERTON (opened 21-4-33)	Bullpit Lane	Friday	3.15	4.15	Every session	—
BILSTHORPE (opened 22-7-32)	Village Hall	Friday	9.30	12.0	Every session	5
BLIDWORTH	Methodist School	Monday	9.30	12.0	Every session	6
EAST LEAKE	Church School	Wednesday	1.45	2.45	Every session	3
HARWORTH (opened 22-7-32)	Methodist Church, Waterslack Road, Bircotes	Friday	2.0	4.30	Every session	12
KIMBERLEY	Methodist Chapel	Wednesday	2.0	4.30	Every session	5
LOWDHAM	The Institute	Tuesday	9.30	12.0	Every session	1
RADCLIFFE-ON-TRENT	Methodist Chapel	Tuesday	9.30	12.0	Every session	2
RUDDINGTON	Village Hall	Wednesday	3.0	4.30	Every session	2
SOUTHWELL	King Street	Friday	1.45	2.45	Every session	3
STANTON HILL (opened 15-7-32)	Baptist Church	Friday	9.30	12.0	Every session	10
SUTTON-ON-TRENT	Church Hall	Friday	2.0	4.30	Every session	3
TUXFORD	Old Grammar School	Friday	9.30	12.0	Every session	3

During the year 1932 four new Clinics were opened and at two new Centres equipment and facilities for ante-natal work were provided.

The four new Clinics were established at Bilsthorpe, Harworth, Ollerton and Stanton Hill and ante-natal facilities were provided at the new Centres opened at Bestwood and Flintham.

The attendances at Ante-Natal Clinics were as follows :—

Bestwood	..	1	expectant mother made	1	attendance
Bilsthorpe	..	19	„ mothers „	30	attendances
Bingham	..	3	„ „ „	7	„
Blidworth	..	49	„ „ „	78	„
Carlton	..	160	„ „ „	565	„
Clipstone	..	33	„ „ „	98	„
Collingham	..	4	„ „ „	8	„
Cotgrave	..	4	„ „ „	16	„
East Leake	..	20	„ „ „	36	„
Eastwood	..	56	„ „ „	137	„
Edwinstowe	..	1	„ mother „	1	attendance
Flintham	..	0	„ „ „	0	„
Gotham	..	3	„ mothers „	5	attendances
Harworth	..	37	„ „ „	70	„
Huthwaite	..	80	„ „ „	251	„
Kimberley	..	28	„ „ „	68	„
Langar ..	..	3	„ „ „	9	„
Langold ..	..	53	„ „ „	117	„
Lowdham	..	7	„ „ „	18	„
Misterton	..	0	„ mother „	0	attendance
Newstead	..	36	„ mothers „	96	attendances
Ollerton	..	71	„ „ „	164	„
Radcliffe-on-Trent		6	„ „ „	20	„
Plumtree	..	8	„ „ „	21	„
Ruddington	..	10	„ „ „	25	„
Selston ..	..	62	„ „ „	142	„
South Leverton		1	„ mother „	1	attendance
Southwell	..	18	„ mothers „	30	attendances
Stanton Hill	..	34	„ „ „	69	„
Stapleford	..	33	„ „ „	105	„
Sutton-on-Trent		17	„ „ „	34	„
Tuxford ..	..	27	„ „ „	44	„
West Bridgford		51	„ „ „	197	„
		935	2,463		

The corresponding totals for the year 1931 were 550 and 1,366 respectively.

Expectant mothers also attend for advice at Centres not specially equipped for ante-natal examinations. Ninety-four expectant mothers made 359 attendances at such Centres.

The Ante-Natal Medical Officer, Dr. M. B. Walker, works in close co-operation with General Practitioners and Midwives, furnishing such reports as are necessary in the mothers' interests to enable those responsible for the actual confinements to be informed adequately of any anticipated difficulty.

Consultant Service.

The Scheme started last year has continued to work smoothly and has proved beneficial, Consultants having been called in eighteen instances, fifteen by General Practitioners and three by Medical Officers of the Department.

The list of Consultants whose services are available is given at the beginning of the Report under the heading of "Staff of the Department" and is brought up-to-date to 31st July, 1933.

The Consultants' services are available now for all parts of the "Special Area" (whereas when the Scheme started certain Districts were allotted to specified Consultants), except that the Sheffield Consultants are limited to the Worksop Rural District and the Lincoln Consultants to the East Retford Rural District, Misterton Rural District and that portion of the Newark Rural District which lies east of the River Trent.

The County Council accept responsibility for the Consultant's fee and no part of the cost is recovered from the patient.

The Consultants' services are available for all complications or difficulties encountered in connection with pregnancy, childbirth or the puerperium, either under this Scheme or under that formulated under the Puerperal Fever and Puerperal Pyrexia Regulations.

Hospital Treatment for Complicated Maternity.

The Scheme for use of surplus maternity beds in County Institutions at the charge of the Maternity and Child Welfare Committee for cases of complicated maternity or cases whose home conditions were unsatisfactory was maintained during the year at the following County Institutions :—

Basford County Institution.
Mansfield County Institution.
Southwell County Institution.
Kilton Hill County Hospital, Worksop.

Under this arrangement cases are admitted direct *on the written order of the County Medical Officer* and not through Poor Law channels.

The Maternity and Child Welfare Committee accept responsibility for the cost and recover from the patients according to their means.

The admission order is valid for four weeks from date of issue instead of the six days laid down by the Order.

Fourteen cases were dealt with under this arrangement during 1932; eight at Basford, four at Kilton Hill and two at Mansfield, compared with nine in 1931.

Many expressions of gratitude for treatment provided have been received and there has been no objection to entering a "County Institution."

In ten other cases Hospital treatment was provided under the formal arrangements existing with Voluntary Hospitals.

Provision of Maternity Outfits.

The issue of free maternity outfits to persons necessitous, under the Committee's Assistance Scale, was maintained.

Sixty-six applications were received and twenty-two of these proved to be cases which could not be classed as needing assistance. In forty-four cases outfits were supplied, compared with two in 1931.

Specimen outfits are "on demonstration" at every Child Welfare Centre and Ante-Natal Clinic.

Dental Treatment for Expectant Mothers and Children under Five years of age.

The Scheme for free dental treatment for the above-named categories, whose circumstances rendered them necessitous under the Committee's Assistance Scale, was much more utilised by the public.

The Scheme is based on the National Health Insurance Dental Benefit Scheme, treatment being given through Private Practitioners.

Similar forms and safeguards are used as in the case of the National Health Insurance Dental Scheme, and no case is passed for treatment until the recommendations of the Private Practitioners have been considered by the Council's Senior Dental Officer.

This is but a transitional arrangement, an experiment to test the acceptability of such treatment to the classes affected and to weigh the relative possibilities of employing Private Practitioners or initiating a service of whole-time Dental Officers as an elaboration of the new comprehensive School Dental Scheme.

The number of applications received was sixty-five, which were dealt with as follows :—

GRANTED :	Expectant Mothers	..	30	
	Pre-school Children	..	7	
			—	37
NOT GRANTED :	Too near Confinement	..	2	
	Refused Treatment	..	1	
	Over Scale	..	25	
			—	28

The Pre-School Child.

A system of recording and following-up defective children, similar to that long used in the School Medical Service, has been maintained.

As in a County area it is not possible for every child to attend at a "Centre" for medical ascertainment of defect, Health Visitors are instructed to report any child whom, in the course of their visiting, they suspect to be suffering from some defect and who could not by reason of distance attend a Centre for medical examination.

In such cases arrangements are made, with the concurrence of the Education Committee, for medical examination to be carried out at the next medical inspection at the school nearest the children's homes.

The Education Committee further allow pre-school children to attend for treatment at any of their School Clinics.

All the Treatment Schemes available for school children are now available also for children under school age.

Five hundred and twenty-eight defective children have been formally reported and followed-up during the year, compared with 541 in 1931 and 346 in 1930.

Table of Defects.

Nose and Throat	..	Enlarged Tonsils and/or Adenoids	167
Eye	.. ..	Defective Vision	64
		Other Conditions	8
			— 72
Ear	.. ..	Defective Hearing	3
		Discharging Ears	12
			— 15
Teeth	.. ..	Dental Caries	33
Lungs	.. ..	Bronchitis	4
		Broncho-Pneumonia	1
			— 5
Heart	.. ..	Congenital Disease	2
Deformities	.. ..	Rickets	61
		Congenital Deformities	46
			— 107
Other Defects and Diseases	..	Mental Deficiency	2
		Hydrocephalus	1
		Late Walking or Talking	3
			— 6
		Hernia	37
		Phimosis	26
		Skin Diseases	14
		Debility or Malnutrition	19
		Enuresis	2
		Naevus	5
		Tuberculosis (Non-Pulmonary)	6
		Other Conditions (includes Abdominal Pain 1, Persistent Loss of Weight 1, Whooping Cough 1, Boils 1, Cyst of Neck 1, Diarrhoea and Vomiting 1, Persistent Vomiting 1, Otalgia 1,? Pyloric Stenosis 1,? Pulmonary Tuberculosis 1,? Tuberculous Glands, Abdomen 1)	12
			<hr/> 528 <hr/>

Treatment of the Pre-School Child.

The various Schemes for the treatment of defects in children under school age have been utilised during the year as follows :—

ENLARGED TONSILS AND ADENOIDS.

In Nottingham Children's Hospital, Mansfield and District, Retford, Worksop and Newark Hospitals, with which the County Council have arrangements for operation for enlarged Tonsils and Adenoids, 102 cases were treated, compared with eighty-six in 1931, seventy in 1930, fifty-two in 1929 and thirteen in 1928.

ORTHOPAEDIC DEFECTS.

Treatment for orthopaedic defects is carried out on behalf of the County Council by the various Nottinghamshire District Cripples' Guilds. During the year 187 children made 1,842 out-patient attendances at the various Orthopaedic Clinics throughout the County, and appliances were supplied in thirty cases. Travelling expenses were paid in ten cases.

During 1931, 145 children made 1,514 attendances and twenty-seven appliances were supplied. The comparable figures for 1930 were 138 and 1,249, and for 1929, 130 and 1,104, respectively.

All orthopaedic in-patient treatment is carried out at the Harlow Wood Hospital. Seven cases received in-patient treatment, compared with eight in 1931, ten in 1930 and three in 1929.

DEFECTS OF VISION.

Examinations for defective vision are carried out by the Assistant Medical Officers. Eighty-eight examinations were made in 1932, and in fifty cases spectacles were supplied under the Scheme.

In 1931 ninety-two cases were examined and sixty-five pairs of spectacles were supplied. In 1930 fifty-five cases were examined and forty-six pairs of spectacles supplied, and in 1929 twenty-two cases were examined and eighteen pairs of spectacles supplied.

The supply of Milk to Expectant and Nursing Mothers and Children under five years of age.

The supply of milk and cod liver oil products at the County Council Child Welfare Centres and Ante-Natal Clinics was continued. These were issued at cost price on the written recommendation of the Medical Officer of the Centre in each case. Considerable quantities were sold throughout the County. The medical recommendation is necessary to avoid abuse of a facility which is primarily intended for those needing extra nourishment as treatment and there is no test of means.

In cases where the income per head is below a certain figure, as laid down in a Scale approved by the County Council, and a certificate of medical necessity is given by one of the County Council's Medical Officers, milk is supplied free. During 1932 free milk was supplied

to 429 cases, at a cost of £542, showing an increase of ninety-eight cases over the number in 1931. This increase was due to a large extent to the continued depression in industry and, of course, partly to the extension of facilities by the provision of additional Child Welfare Centres.

The milk supplied under this Scheme is dried milk of well-known and well-tried varieties. One pound is allowed weekly and medical certificates and evidence of financial circumstances have to be renewed monthly.

The sales of milk and other foods amounted to no less a sum than £1,714 5s. 8d.

Referred Poor Law Functions.

Domiciliary Midwifery.

The domiciliary midwifery services for poor persons continued to be secured on parallel lines to existing midwifery arrangements by revising the scale of fees due to District Medical Officers for such services to conform with the scale under the Midwives Acts.

Further, the attendance on poor persons by Midwives—alternatively to the District Medical Officer—was provided by an arrangement whereby each Relieving Officer was authorised to issue an “order” to the Local District Nurse Midwife in such cases, the Nursing Association receiving a fee of thirty shillings in respect of each case so attended.

Relieving Officers were required to notify the County Medical Officer of every case of pregnancy in a poor person which came to their notice, in order that the ordinary machinery of the Maternity and Child Welfare Committee might be set in motion on behalf of each such person reported—Health Visitors, Ante-Natal and Consultant Services, etc.

Autonomous Maternity and Child Welfare Authorities co-operated in these arrangements and, on a report being received from a Relieving Officer in respect of a case in the area of such an Authority, notification was sent to that Authority so as to enable them to co-operate in the care of the poor person.

During the year forty-four cases passed through this Scheme. Eighteen were attended by the District Medical Officers, six by District Nurse Midwives and twenty were admitted to the Maternity Wards of County Institutions.

The arrangement continues to fulfil the purpose aimed at, and this is largely due to the excellent co-operation of the County Relieving Officers.

Provision of Milk on Medical Grounds.

The arrangements for providing milk on medical grounds continued as co-ordinated with those existing under the Maternity and Child Welfare Act and secured the supply of milk on medical necessity over and above any other relief in kind required to relieve destitution.

Ninety cases were dealt with during the year, compared with seventy-two last year and forty-three in 1930.

This arrangement has proved convenient as enabling the one Committee (Maternity and Child Welfare) to provide for the needs of each case throughout, even though the circumstances became such as normally would have precluded a case from assistance under the Maternity and Child Welfare Scheme.

Children's Homes and Boarded-Out Children.

The Joint Committee for the Management of Children's Homes and for the Boarding-out of Children employ a whole-time Woman Superintendent for supervision and visitation of the Homes and the children boarded-out.

The medical services normally provided by the constituent Committees (Maternity and Child Welfare and Education) were made fully available to all such children, and any requiring treatment were passed through the various treatment schemes of the Committees and not dealt with through Poor Law channels.

Forty-four children were medically assisted in this way.

Report of the Work carried out through The Public Health Department in connection with children under the care of the "Joint Committee for The Management of Children's Homes and the Boarding-out of Children."

Submitted by Dr. G. G. BUCHANAN.

"The medical treatment of these children has been carried out wherever possible through the treatment schemes of the Maternity and Child Welfare Committee and the Education Committee.

The number of individual children examined or treated under these schemes during 1932 was 44, compared with 55 during 1931. This decrease in number was to be expected as during the latter part of 1930 and during 1931 all cases with old standing defects were examined and treated while during the year under review only those children with defects coming under the supervision of the Joint Committee for the first time and those who developed defects during the year have to be considered.

The following Table shows the number of examinations carried out and the defects necessitating examination.

DEFECTS.					NUMBER OF EXAMINATIONS.	
Defective Hearing	..	..	..	..	1	*(2)
Dental Defects	..	..	..	..	5	(12)
Eye Defects	..	..	..	..	11	(11)
Enlarged Tonsils and Adenoids	..	..	..	..	8	(10)
General Debility (requiring extra nourishment)					21	(8)
Mental Defects	..	..	..	..	9	(13)
Orthopædic Defects	..	..	..	..	2	(5)
Tuberculosis (or alleged Tuberculosis)	..	..	..	..	4	(2)

*The figures in brackets show the number examined last year.

The child with defective hearing was examined at a School Clinic and the trouble was found to be due to wax. This was removed and full hearing restored.

Of the cases with eye defects one was suffering from an inverted eyelash which was removed at a School Clinic, and ten required examination for defective vision. Retinoscopical examinations were carried out and resulted in spectacles being ordered for eight of the latter cases. In addition repairs for spectacles were carried out for three children.

The School Dental Officers undertook the necessary treatment in four of the five cases with dental defects. The other case was treated by a private practitioner under the Maternity and Child Welfare Committee's scheme.

Mental tests were carried out in nine cases and resulted in four children being certified mentally deficient under the Education Act, 1921. These children were dealt with through the appropriate channels.

One child was considered to be dull and backward and recommended for a special class in an ordinary Elementary School. The four remaining cases had normal intelligence quotients.

The Orthopædic cases examined were referred to the local Cripples' Guild Clinic for Specialist's advice in accordance with the Orthopædic Scheme. In one case a new spinal support was advised and this was supplied through the Education Committee's scheme. The other case was recommended for in-patient treatment at Harlow Wood Hospital and arrangements were made for this although admission was not obtained until 1933.

Two further cases recommended for in-patient treatment towards the end of 1931 received this during 1932, the cost of in-patient treatment being borne by the Joint Committee.

The increase in the number of examinations with reference to the provision of extra nourishment is due to an alteration in procedure which took place at the end of 1931, and not due to a larger number of children requiring extra nourishment. During 1932 each case was examined at least quarterly and a fresh recommendation made after each examination.

The actual number of children examined was the same as in the previous year, namely seven.

Of the eight cases examined for enlarged tonsils and for adenoids seven were recommended for operation. Owing to urgency one case was admitted to Basford County Institution for immediate operation, and the others were dealt with through existing schemes. In one case operation was not necessary.

The County Tuberculosis Officers undertook special examinations of four children during the year. Two examinations were for the purpose of determining fitness for work of two boys known to be tuberculous and already under supervision. In both cases fitness was certified. The other two examinations were to exclude the possibility of tuberculous infection, in one case before adoption and in the other because the child was a contact of a tuberculous mother and was resident in a Children's Home. Both cases were considered to be free from infection.

In addition to the above cases four children have been referred through this Department to the School Medical Officers of other Local Education Authorities, and have received treatment through those Authorities' schemes.

As in previous years advice has been given regarding the best procedure to be adopted to obtain suitable treatment of those cases who could not be treated under any of the Maternity and Child Welfare or Education Committees' schemes.

In January 1932 all the Children's Homes were inspected in order to determine the number of beds for which each was suitable. The minimum cubic space per bed allowed in calculating this was three hundred and fifty cubic feet, and on this basis it was found that in those Homes which are converted private houses there was more or less overcrowding. In one or two of the Homes this was accentuated by the shape of the rooms which caused beds to be much too close together. A total reduction of ten beds was recommended in five Homes which were not specially built.

In Basford Homes, which were specially built, although the cubic space did not quite reach the standard the beds were well spaced and no alteration was recommended.

During the year a reduction in numbers was made as opportunities offered."

Infant Life Protection.

The duties under Part I. of the Children Act, 1908, are now administered as an integral part of the Health Visiting services in the "Special Area."

The administrative Medical Staff and the full-time Health Visitors of the County Council, whose duties include Maternity and Child Welfare work, act as Infant Protection Visitors and each home in which a child under seven years of age was maintained for reward was visited at least quarterly and detailed reports submitted to the County Medical Officer regarding the care and maintenance of the children and the home conditions.

The number of children's names on the registers on 1st January, 1932, was thirty-seven.

The names of sixteen children were removed from the register during 1932, for the following reasons :—

Left County	.. ..	6
Returned to Relations	..	7
Attained the age of seven years		3

During the year twenty-four names were added to the register, leaving a total of forty-five names on the register on 31st December, 1932.

The Infant Protection Visitors paid 216 visits, compared with 170 last year.

Adoption of Children Act, 1926.

During the year seven applications in respect of children under five years of age were investigated under this Act. Full enquiry was made into all the circumstances of each case and the Maternity and Child Welfare Committee were represented as Guardian *ad litem* in the Courts. All the applications were supported and in each case an Adoption Order was made.

SANITARY CIRCUMSTANCES OF THE AREA.

This section of my Report is to a considerable degree dependent upon the Annual Reports of Medical Officers of Health of County Districts as the source of information. If such Reports are not received in time I have little option but to omit reference to the Districts concerned and cannot draft a complete picture of conditions over the County.

In order to minimise this difficulty I issued an enquiry form based on the Ministry's requirements in Circular 1269 and invited Medical Officers of Health kindly to complete this and forward it to me as soon as possible.

No information was asked for which the Medical Officers of Health would not themselves require when writing their own Reports.

The great majority of Medical Officers of Health very kindly completed the form promptly and I wish to convey my sincere thanks to them for their courteous co-operation.

A few others (three) have not yet transmitted the form nor issued their Annual Reports, so I have regretfully to omit reference to much of the work of their Districts in this section.

To economise printing I propose to restrict my comment on this section to the minimum necessary.

Water Supplies.

The following is a tabular statement relating to the water supplies of the various County Districts brought up-to-date. There has been a considerable extension of piped supplies during the year in Rural Areas and improved supplies in several Urban Areas.

District.	Source of Supply.	Remarks.
MANSFIELD BOROUGH	Deep wells at Rainworth and Clipstone—Corporation undertaking.	Excellent in both quality and quantity.
WORKSOP BOROUGH	Deep well at Sunnyside. Corporation undertaking.	Quality good and quantity sufficient. Supply extended to Carlton, in Worksop Rural District.
NEWARK BOROUGH	Deep wells at Farnsfield—Corporation undertaking.	Excellent in both quality and quantity.
EAST RETFORD BOROUGH	Deep wells at Ordsall—Corporation undertaking.	Satisfactory in all respects.
ARNOLD U.D.	Nottingham Corporation. Part from deep wells situate in the County and part from upland sources, Derwent Valley Scheme.	Satisfactory. New service mains provided or extended in connection with housing and estate development.

District.	Source of Supply.	Remarks.
BEESTON U.D.	Nottingham Corporation.	A few shallow wells in outlying parts of District. None of shallow wells found polluted during year. Corporation supply satisfactory.
CARLTON U.D.	Nottingham Corporation.	Satisfactory.
EASTWOOD U.D.	Nottingham Corporation.	Satisfactory.
HUCKNALL U.D.	Deep wells at Salterford with two reservoirs (800,000 and 350,000 gals.) Urban District Council undertaking.	Extensions of water services have been laid to the Brookside Housing Estate, Butlers Hill. Supply satisfactory both in quality and quantity.
HUTHWAITE U.D.	Bulk supply from the Warsop Urban District and Blackwell Rural District, new pipe scheme since 1st November, 1932, to service reservoir (capacity 100,000 gals.) at Huthwaite.	Supply excellent in both quality and quantity. Supplies now available for the highest parts of the District.
KIRKBY-IN-ASHFIELD U.D.	Deep well at No Man's Hollow, Sherwood Forest. Urban District Council undertaking.	New reservoir of 1,100,000 gallons capacity, now in full use. Supply satisfactory.
MANSFIELD WOODHOUSE U.D.	Mansfield Borough.	Twelve houses unprovided, of which ten obtain water from wells and two from springs. Supply from Mansfield Borough satisfactory.
SUTTON-IN-ASHFIELD U.D.	Deep well at Rushley. Urban District Council undertaking.	The whole supply from Rushley Waterworks became available for Sutton-in-Ashfield in Nov., 1932, when Huthwaite and Skegby ceased to be served. Pumping is now only necessary for sixteen hours out of the twenty-four to supply all requirements. Quality excellent. Twenty houses derive their supplies from shallow wells and in six cases the water is known to be unsatisfactory in quality.

District.	Source of Supply.	Remarks.
WARSOP U.D.	Meden Valley Waterworks.	The new joint scheme with the Blackwell Rural District Council came into operation during the year and provides a supply ample in quantity and of excellent quality.
WEST BRIDGFORD U.D.	Nottingham Corporation.	Satisfactory.
BASFORD R.D.	Nottingham Corporation (direct).	Nottingham Corporation water mains extended to include the whole of the Rural District and every village provided with water mains as from the 31st March, 1933. Facilities available for all premises with the exception of a few isolated farms, etc.
BINGHAM R.D. Parishes of :— Radcliffe-on-Trent Edwalton Holme Pierrepont (part) Bingham Saxondale East Bridgford Keyworth Normanton-on-the-Wolds Plumtree	Nottingham Corporation. There still remains a large area where the water is "notoriously bad" but it is hoped that eventually the piped supply will be extended to include the whole district.	The whole of this District is within the limits of supply of Nottingham Corporation and a piped supply has been laid on to the parishes of Bingham, Saxondale, East Bridgford, Keyworth, Normanton-on-the-Wolds and Plumtree. A water tower is under construction at Stanton-on-the-Wolds and when it is completed a supply will be possible in that Parish and other high parts of that District. Steps have also been taken to ascertain the possibility of extending the Corporation mains to the parishes of Cropwell Bishop, Kinoulton, Cropwell Butler, Car Colston and Orston. In many cases where wells have shown signs of contamination new drainage schemes have been carried out and the wells reconstructed. Piped supply satisfactory.

District.	Source of Supply.	Remarks.
WORKSOP R.D. Parishes of :— Hodsock Carlton-in-Lindrick Harworth	Worksop Corporation and held in storage reservoir. Council supply 167 premises. The colliery village of Bircotes (1,000 houses) supplied by Colliery Company. Seventeen houses on the Manton Estate at Bawtry supplied from the mains of the Doncaster and Tickhill Joint Water Board.	Supplies satisfactory.
Blyth	Borehole (private). Water Tower (25,000 gals.)	Supply satisfactory.
Carburton Holbeck Norton Welbeck Woodhouse Hall	Deep well belonging to Welbeck Estates.	A few houses unprovided. Quality good and quantity sufficient.
Nether Langwith	Welbeck Estates and Colliery Company's deep wells.	Constant and satisfactory.
Cuckney	Welbeck Estates deep well with reservoir (50,000 gals).	Constant and satisfactory.
Styrrup-with- Oldcotes Wallingwells	Shallow wells.	In many cases the distance of the wells from the houses is considerable.
EAST RETFORD R.D. Parishes of :— Tuxford East Markham Elkesley	Lincoln Corporation Main, from deep well in the County. Eastern portion of District derives supply from shallow surface wells and the water generally obtained is unfit for drinking and domestic purposes. In some cases rain water is relied upon for these purposes.	A scheme for connecting up West Drayton to the Lincoln Corporation main has been approved and the work is in hand. The question of a water supply for the Hamlet of Rockley has also been considered and it is hoped that as a result of the Ministry's Inquiries either Rockley Hamlet will be amalgamated into East Markham or that the whole of the Parish of Askham will come into the scheme. In addition, a proposal for the supply of Dunham Parish has been put forward and the Ministry's decision is awaited.

District.	Source of Supply.	Remarks.
LEAKE R.D.	The supply is exclusively from shallow wells and is very hard in character. Negotiations are still in progress for the provision of a piped supply to the parishes of East Leake, Sutton Bonington and Normanton-on-Soar, but so far a satisfactory arrangement has not been made.	
MISTERTON R.D.	The water supply of the District is chiefly rain water which is stored in cisterns and tanks as the well water is very hard.	
SKEGBY R.D. Parishes of :— Skegby Teversal	Warsop Urban District and Blackwell Rural District new scheme.	Supply adequate. Main extended to Wild Hill in the Parish of Teversal, and fifteen houses previously supplied by wells connected.
Rainworth	Rufford Colliery Co.'s deep well.	
Blidworth	Old village has its own well. Portion between Longdale Lane and Chapel Lane Fish-pool supplied from ram in Newstead Abbey Estate. New village supplied by Colliery Company.	Proposals made for reconstruction of pumping station and laying of a new pumping main. Larch Farm main extended to Holly Lodge and two wells abolished.
NEWARK R.D.	Newark Corporation.	Villages in the immediate proximity of Newark. Remainder of District depends on wells.
SOUTHWELL R.D.	Several groups of Parishes (including all the Colliery Villages) have a piped supply.	Two small extensions of 3" mains at Gonalston Road, Hoveringham and at Lowdham during the year. Thirteen houses at Fiskerton also connected to Council's main; one well cleaned out, top relined with brickwork and covered with concrete. New pump provided to another well.
STAPLEFORD R.D.	Nottingham Corporation (Derwent Valley).	The whole of the District is now supplied from the mains of the Nottingham Corporation. Supply adequate and satisfactory

Prevention of Pollution of Rivers and Streams.

During the year the rivers and streams of the County have had, in varying degrees, their burden of pollution to carry, and it has again been the privilege of the Council's Rivers Pollution Sub-Committee to reduce and lighten their load as much as possible. It may be claimed that the measures taken have assisted in giving certain sections of the streams a new lease of life and there are one or two points where a choked and turbid condition has been freed and cleared.

The period under review was one of great difficulty for Industrial concerns, and yet it is possible to show that there was a generous response to the requirements of the County Council. Local Authorities were unable to take advantage of the large grants previously available through the Unemployment Grants Committee, and it is significant that, whereas in 1930 and 1931 ten and eight schemes respectively were the subject of Ministry of Health Inquiries, only one scheme in 1932 was dealt with in this way. In spite of the serious difficulties which exist it is to be hoped that Local Authorities will do all they can to carry out essential schemes of extension and alteration to established Sewage Disposal Works in order to avoid the inevitable deterioration both of plant and quality of effluent which will be reflected by prolonged delay. In addition, new schemes of sewerage and sewage disposal are urgently required in some areas, especially where piped water supplies have been provided, and unless there is an early prospect of such schemes maturing the pollution to certain streams will persist and will inevitably increase in quantity until much of the progress gained during the last few years has been completely lost.

A detailed record follows, but a brief summary shows that at Industrial Works five new purification plants have been brought into use and the waste from two Works connected to the public sewers. At four other Works alterations have been made to existing plants and are proving effective in the reduction of pollution. At three Works new plants are being put down; at two alterations are in progress and in three other cases schemes are contemplated.

With respect to Sewage Disposal Works the construction of two new Works has been completed, and one is unique in that it is the first separate plant to be erected in the County in connection with Pit Head Baths. At thirteen Works extensions or alterations have been completed, and in three of these cases the extensions were so comprehensive as to make the Works almost entirely new. At six Works extensive improvements are in progress and at four others schemes are contemplated.

(1) Industrial Pollution.

The work undertaken can be mainly classified as follows:—

1. Collieries.

At four Collieries new purification plants have been constructed and brought into use. At three pits alterations have been carried out: at two others new plants are being put down. Extensions are proceeding at one Colliery and in another case a purification plant is proposed.

Last year it was reported that the Thoresby Colliery had constructed three tanks, with a total capacity of three hundred thousand gallons, to settle the slack washing waste, and that although the final effluent was generally of good quality it was found on some occasions to contain finely divided suspended matter and that it was possible some further treatment would be called for. Unsatisfactory discharges were eventually discovered and the Company were asked to provide additional settling capacity. This has taken the form of two rectangular tanks followed by filters to settle finally the top water from the main tanks. This method has proved very satisfactory and a consistently good effluent is being discharged to the River Maun.

At Hucknall Colliery No. 2 a slack washing plant has been erected and during its first few months' operation intermittent pollution occurred to a small tributary of the River Leen. Every endeavour was made to stop these discharges and for some time now inspections have shown that the purification plant is being efficiently controlled. A large proportion of the waste is de-watered by the plant and burnt in the boilers. The excess is pumped to a lagoon on the shale heap, but it is found that drainage passes through to the foot of the tip without much effective filtration. Lagoons have, therefore, been formed round the base of the tip to afford adequate protection to the stream nearby. For the drainage from the sidings and occasional discharges from the plant two settling tanks and a small filter were provided, but as there was a possibility of pollution from this section a request was made for the construction of a further tank and filter finally to settle all top water and this has been done with good results.

Pollution to a tributary of the River Leen by boiler water waste from Hucknall Colliery No. 1 has been corrected by the construction of two settling tanks and a final straining filter. On the Gilt Brook the New London Colliery Company have also provided two lagoons for the settlement of the boiler water waste.

On the Vicar Water, a tributary of the River Maun, the Clipstone Colliery have added an additional final settling lagoon for the top water from the main slack washing tanks, and have also constructed a duplicate tank for the waste from the boilers.

At the Brinsley and Cossall Pits complaints were made with respect to oil pollution to tributaries of the River Erewash ; in the former case an oil collecting tank was constructed and in the latter case the pipes concerned were disconnected from the stream.

At Mansfield, Crown Farm Colliery, modifications have been carried out to the lagoons for the settlement of boiler waste so as to prevent the pollution of the Vicar Water.

Slack washing plants are in course of erection at the Sherwood and Manton Collieries and both will include provisions for dealing with the waste waters.

Representations have been made to the Babbington Colliery with respect to the boiler water waste and it is expected that some form of treatment will be adopted.

2. Beet Sugar Factories.

The two Beet Sugar Factories in the County discharge their effluents into the River Trent. The campaign at the Colwick Factory was of about three months' duration, but at the Kelham Factory no campaign was carried out during 1932. Sugar refining, however, was continued over the winter months.

At the Colwick Factory the general condition of the effluent showed some improvement ; there was very little evidence of suspended matter and the temperature of the effluents was low. After the last season's campaign the firm were asked to consider the possibility of excluding from the settling ponds all the wastes from the pulp presses and diffusion batteries. They succeeded in returning for re-use in the process the water from the pulp presses, but it was not found possible to do this with the diffusion water and it had to pass forward to the ponds.

3. Gas Liquor, etc.

Strong complaints have been made of the gross pollution of the River Erewash by gas liquor from a works at Pinxton. As discharges enter the river from both the Nottinghamshire and Derbyshire sides of the river the matter has been dealt with in conjunction with the Derbyshire County Council, and in addition the Trent Fishery Board have made representations to the firm. As a result, the firm are now experimenting with the use of the strongest portion of the gas liquor for the quenching of coke, and it is estimated that about thirty-three per cent. of the liquor is evaporated. The operation forms a cycle and the loss, due to evaporation, is made up with fresh gas liquor and river water. The weakest portion of the liquor is pumped to the tip, and only cooling water is supposed to pass to the settling lagoons. Some time must elapse before it can be seen whether it is possible to adopt this method permanently.

At Kirkby-in-Ashfield the Council have accepted the principle of connecting the gas liquor from their works to the public sewer. A tank for balancing the flow has been put in and the drains are being laid.

The pollution of the River Maun by spent gas liquor from the Mansfield Corporation Gas Works continues, and it is to be regretted that the Council delay arriving at any decision with respect to their Gas undertaking.

4. Woollen Mill.

A process of bleaching hanks is being developed at a Woollen Mill in the County and intermittent discharges pass untreated to the River Meden from this source. The firm have been approached with respect to its treatment and state that further developments are anticipated which will necessitate the purification of large quantities of liquid trades waste. A scheme is in the initial stages of preparation and will be made sufficiently comprehensive to deal with all the discharges from the works.

5. *Oil.*

Pollution by oil to a small tributary of the River Trent was taking place from a Brickworks at Wilford, but was satisfactorily corrected by the construction of a small settling tank provided with scum-boards and a straining filter.

6. *Trades Waste connected to Public Sewers.*

The Paper Mill at Retford was re-opened towards the end of 1931 for the manufacture of wallpaper, and representations were made to the firm with respect to the desirability of connecting the trades waste to the public sewers so as to prevent pollution to a tributary of the River Idle. This was agreed to and the work of connection was completed in 1932.

Pollution to a tributary of the River Leen by washings from the floor of a Soap Works was taking place, and these were eventually connected to the public sewer along with the main portion of the waste.

(2). **Sewerage and Sewage Disposal.**

1. *Ministry of Health Inquiry.*

During the year only one Ministry of Health Inquiry has been held, and this had reference to an application by the Mansfield Corporation for sanction to borrow the sum of £3,540 for works of sewerage and sewage disposal. Sanction was still awaited at the end of the year.

2. *New Sewage Disposal Works.*

The first purification plant in connection with Pit Head Baths has been completed at Linby and consists of balancing tanks, septic tanks, a continuous percolating filter and a humus tank.

The construction of the main sewage purification plant at Lowdham Borstal Institution has been completed and consists of Dibdin's Slate Beds, contact beds and an area of land. The effluent will mainly soak away into the land. The Hospital and Lowdham Grange section are treated separately in a septic tank and two contact beds: the farm buildings drain to two other contact beds and both these effluents pass to a dyke which eventually empties into the Dover Beck. The dyke, however, is generally dry.

3. *Extensions completed.*

Extensions and alterations to existing Sewage Disposal Works have been carried out and completed in thirteen cases.

At Radcliffe-on-Trent a new electrical unit has been added to the pumping plant, and at the Sewage Works new settling tanks and humus tanks have been constructed. The primary contact beds have been converted into one rectangular percolating filter and the secondary contact beds reconditioned for sludge drying purposes. The old settling tanks will be used as storm water tanks,

In 1930 the purification plant at the Rampton State Institution consisted of slate beds and contact beds and the general quality of the final effluent after treatment was "bad" at its point of discharge to the North Beck, a tributary of the Laneham Brook and the River Trent. It was proposed to enlarge these works on the same principle until the County Council successfully intervened and secured the construction of an almost entirely new works of modern design. The plant, which has now been completed, consists of settling tanks, double filtration by percolating filters, humus tanks, sludge digestion chambers, sludge drying beds and storm water tanks. The final effluent now produced is of splendid quality and the bed of the stream below the works is in a healthy condition.

At Ruddington complaint was made of the pollution of the Fairham Brook by the effluent from the Sewage Works and successful attempts were made to bring about an improvement by an alteration in the pumping methods and the use of chemical precipitants. These were continued until the extensions were completed. The alterations involved the construction of an additional settling tank, two percolating filters, a humus tank, sludge drying beds, and a new unit at the pumping station.

At Skegby an additional percolating filter and a humus tank have been added, and at the Ransom Sanatorium a percolating filter has been provided to deal with the tank effluent before it passes to the land.

New filter arms and a dosing chamber have been fitted at the Sutton Bonington Works, and at Carlton and Hodsock a dosing chamber has also been provided.

At Edwinstowe arrangements have been made to pump the sludge drainage to the tanks for treatment, and at Harlow Wood Orthopædic Hospital alterations have been made to the tanks and filters, and sludge drying beds and an open effluent soakage channel have been provided.

At Mansfield (Main), Watnall, Rufford Kennels, and Oxtun adjustments have been made to the purification plants, and in all cases they have assisted in the general improvement of the final effluents.

4. *Extensions in progress.*

At the end of the year extensions and alterations were in progress at six works. The construction of settling tanks, etc., was proceeding at the Stoke Bardolph works of the Nottingham Corporation, and at Retford good progress had been made with the installation of the new pumping plant and the construction of additional settling tanks.

At Mansfield Woodhouse an almost entirely new plant was in process of construction, and at Beeston and Long Eaton additional units were being added to the existing works.

At Hucknall syphon pipes were being fitted to the storm water tanks.

5. *Extensions contemplated.*

A scheme has been decided upon by the Worksop Corporation involving temporary alterations to the existing pumping station to increase its efficiency for work over a further period of some three years. During this time a new site below Manton will be selected on which it is proposed to construct an entirely modern pumping plant, together with detritus tanks and storm water tanks. With respect to the Shireoaks and Rhodesia areas of the Corporation plans have now been completed for the proposed sewerage of Shireoaks and the treatment of the sewage at the Rhodesia Works where extensions will be made for this purpose.

At Warsop preliminary investigations are being made for extensions to the works, and these will probably include a new pumping plant, additional filtering units, and the provision of storm water tanks.

6. *Pit Head Baths.*

Until last year the only Pit Head Baths provided at Collieries in the County were those at the Harworth Pit. In 1931 Baths were opened at the Bilsthorpe Colliery, and during the year similar erections have been completed at Linby and Manton, and work is proceeding on their construction at Bestwood.

The sewage from these Baths is generally regarded as equivalent in character to domestic sewage of "medium" strength, and can, therefore, be dealt with by the usual sewage purification methods with the added necessity of equalising the flow from the various shifts over a twenty-four hour day.

Wherever possible the policy of connecting this Bath waste to the public sewers should be carried out. Harworth Baths are connected to the Sewage Works, and Manton were connected on their completion during the year.

At Linby a separate purification plant had to be put down as there were no public sewers available.

The Bestwood scheme also makes provision for a new sewage works, but as a plant already exists for the treatment of the sewage from the Colliery property representations have been made for the enlargement of the existing works to take in the sewage from the Baths.

7. *Sampling of Effluents.*

Periodical sampling of final effluents from the various sewage works in the County was undertaken as regularly as possible, and of the 183 tested 140 were classified as "Good" or "Fair" and 43 as "Unsatisfactory" or "Bad."

In addition to the samples of final effluents taken and reported upon officially, 91 observation samples have been tested from the various units of sewage purification plants. These have been mainly examined for the information and guidance of Engineers and Surveyors with a view to assisting them in the control of their works.

(3) Rivers and Streams.

The Hydrographical Survey of the River Trent has been continued and in July and September the River was sampled at the seven established positions. The Report which is generally prepared by the Ministry of Agriculture and Fisheries (Standing Committee on River Pollution), and which is based upon observations of the whole River Watershed, has not, so far, been received.

Sections of the following rivers and streams have been inspected, and in addition to dealing with the known pollutions from sewage works and industrial works particular attention has been given to the tracing of discharges of slop water sewage from villages on their banks :—

River Trent and tributaries,
River Devon and tributaries,
River Witham and tributaries,
River Erewash and tributaries.

(4) Statistics.**1. Analyses of Samples.**

Summary of Analyses of Samples examined in the County Laboratory during 1932.

Sewage Works Effluents :—

Good Effluents	..	..	..	120	
Fair Effluents	..	..	..	20	
Unsatisfactory Effluents	..	..	..	18	
Bad Effluents	..	..	..	25	
					183
Untreated Sewage Discharges	..	..	..	7	
Storm Water Tank Effluents	..	..	..	2	
Surface Water Discharge	..	..	..	1	
Sludge Drainage	..	..	..	3	
Manufactory Effluents	..	..	..	3	
Rivers and Streams	..	..	..	25	
Observation Samples	..	..	..	91	
					315

2. Visits of Inspection.

Sewage Disposal Works	..	..	..	317
Industrial Works	..	..	..	241

Closet Accommodation.

Well over three thousand conversions were carried out during the year, great progress being particularly made in the Basford Rural District.

There remain in the County over 14,000 closets of the conservancy type, over 9,000 pails and 5,000 privy midden type, the majority being accessible to sewers.

This is a great improvement on conditions a few years ago and further progress may be looked for now that adequate water supplies are available in such Urban Districts as Sutton-in-Ashfield and Huthwaite where there are over 4,500 pail closets still in use.

Refuse Collection and Disposal.

There have been a few changes in detail in the procedure in certain Districts, such as the institution of "controlled" methods of tipping; change from horse-drawn carts to specially-designed motor vehicles; and a few extensions of services to parishes previously not provided for.

The method of disposal most used is "tipping," though a few Authorities employ destructors.

The method used at the tips shows general improvement and some of them are excellently "controlled." Genuine "control" is fortunately becoming more widely adopted. The procedure is really simple, though needing conscientious attention by the men actually carrying it out, and the result is spectacular.

There are still rural parishes with no scavenging scheme and many with but very partial schemes.

The steady replacement of ashpits by dustbins is reported in many Districts.

Sanitary Inspection of the Area.

As commented in previous years, the adequacy of this work in the County Districts varies enormously, both as judged by figures submitted in Annual Reports and as known by personal experience.

Two comparable Urban Districts record the number of inspections made as follows: (a) 3,214; and (b) 610.

Two large Rural Districts show similar discrepancies: (a) 1,740; (b) 100.

Lack of adequate staff accounts for these low figures.

Too frequently the Sanitary Inspector is also Surveyor, an office often of an "omnibus" character in other directions.

The duties of a Sanitary Inspector are now manifold and require the attention of a man to whom they are primary, not secondary, duties. In such joint appointments it is not unknown to find the bulk of the salary allocated to the officer as Sanitary Inspector though in fact his time and inclination are mainly engaged on his duties as Surveyor.

It is hoped that the Review of County District Boundaries will result in the removal of some of these anomalies.

A short statement is appended showing the number of intimations of unsatisfactory conditions received during the year in the County Public Health Department. Of the 103 intimations received, involving eighty-seven separate premises, fifty-three were by Health Visitors and the remainder by members of the general public (chiefly the tenants of the houses concerned).

CAUSE OF COMPLAINT OR REPORT.					NUMBER.
Overcrowding	..	..	..	..	18
Unwholesome or Insufficient Water Supply				..	9
Dampness	..	..	..	..	10
Defective Roofs	..	..	..	..	2
Defective Gutters and Downspouts				..	2
General Structural Defects	..	..	..	..	10
Insufficient Lighting and Ventilation	..	..	..	..	4
Offensive Accumulations or Deposits	..	..	..	..	8
Nuisances from Smoke	..	..	..	..	4
Defective or Insufficient Closets				..	10
No proper Receptacle for House Refuse				..	4
Defective Drainage	..	..	..	..	6
Dirty Premises	..	..	..	..	4
Premises infested by Vermin	..	..	..	..	3
Other Complaints	..	..	..	..	9
					<hr/> 103 <hr/>

Smoke Abatement.

Smoke nuisance is not prominent in the County. In only four Districts is it recorded in the Annual Reports that action had to be taken and in several Reports the matter is not referred to.

Generally there appears to be attention given to the need for smoke prevention, several Medical Officers of Health reporting that their Inspectors have acted in an advisory capacity when difficulty has threatened, usually with good results.

In colliery villages there is usually considerable domestic smoke production, but with present methods of domestic heating and cooking, and coal provided free from the pit, there is no means of improvement.

Generally speaking, the County has no serious smoke problem as its collieries are widely separated and its industries otherwise not productive of smoke nuisance.

Offensive Trades.

In only one of the Reports from Districts was any nuisance recorded from offensive trades, whilst in those Districts in which such trade exists there is evidence of systematic inspection.

Lodging Houses, Tents, Vans and Sheds.

In only three Districts is the presence of common lodging houses recorded.

Temporary wooden dwellings, vans and tents are referred to as giving rise to difficulty in nine Districts.

In several Districts successful action was taken to abate nuisances arising from these causes.

The grounds for action were lack of sufficient wholesome water supply and sanitary accommodation, and overcrowding.

Comment is made that housing shortage renders action difficult and two Medical Officers of Health emphasise the need for new legislation.

Rag Flock Acts, 1911 and 1928.

In three Districts there are reported to be premises in which rag flock is manufactured, used or sold, and in these efficient inspection and the absence of any contravention are recorded.

HOUSING.

There has been much activity in connection with housing during the year, many new houses having been provided, both to relieve overcrowding and to replace unfit houses, and large numbers of unfit houses have been rendered fit.

Extensive comment is made on housing in most District Reports indicative of a progressive interest in this fundamental provision.

In the Appendix to this Report there is a table (XV) showing the housing activities in the County Districts during the year, with the exception of those few Districts which have not furnished the information.

This contains some interesting features.

The number of houses found unfit on inspection is generally less than recorded last year, indicating good progress in reconditioning work.

The number of houses demolished was 121, compared with twenty-one last year; indicating the rehousing of some 500 persons previously living in the worst type of house.

The figures already received show that over 1,000 houses have been erected in the County during the year; rather less than half being built by the Local Authorities.

The building of further large numbers of houses is foreshadowed and the slum problem is prominently under consideration in Districts affected.

Under the Housing Act, 1930, the County Council have kept themselves informed of the progress of housing work by Rural District Authorities by issuing a questionnaire based on the original Survey Report submitted by each Rural District.

This has enabled them to ascertain what remedies have been applied or are proposed in connection with deficiencies revealed by the Surveys.

The table on page 84 provides a summary of the matter obtained as a result of the questionnaire in respect of the year 1932.

The questionnaire furnishes detailed information by parishes, but for convenience the information has been condensed in the table by Districts.

Compared with the year 1931 there has been good progress, but much remains to be done to secure satisfactory housing conditions in rural areas.

Housing (Rural Authorities) Act, 1931.

In the Bingham Rural District a scheme has been approved for the building of thirty-two houses under this Act in the following parishes :—

Aslockton, two; Colston Bassett, two; Cotgrave, four; East Bridgford, six; Orston, four; Scarrington, six; Screveton, two; Shelton, four; Upper Broughton, two.

HOUSING ACT, 1930.

Summary of Housing Activities of Rural Districts during 1932.

DISTRICT.	No. of houses in which overcrowding has been abated.	UNFIT HOUSES.		NEW HOUSES.	
		Repaired.	Demolished.	Erected or in course of erection.	Proposed to be erected.
BASFORD ..	93	251 (Preliminary and Statutory Notices complied with).	13	108	142 additional houses.
BINGHAM ..	Several new houses in course of erection, which, when completed, will abate a number of cases of overcrowding.	27	1 (and 3 others under consideration).	16	22
WORKSOP RURAL	6	125 and in many other cases repairs have been partly completed.	—	Application to Ministry to build houses for aged couples.	8
EAST RETFORD RURAL ..	9, and Notices served on Occupiers of other houses to abate where more than one family occupy same house.	85, and 16 houses vacant and not to be re-occupied without reconstruction.	—	—	—
MISTERTON ..	A number of houses are to be erected, which will be offered to persons living in overcrowded houses.	—	—	30	30 houses to be erected by Rural Housing Co., under Housing (Financial Provisions) Act, 1924.
NEWARK RURAL	21	18, and 2 in course of repair.	—	—	20
SKEGBY ..	15	24	11	140	—
SOUTHWELL ..	2	36 (and several promises to have houses repaired).	Several Demolition Orders served.	—	—
STAPLEFORD ..	44	—	—	50	Application made for additional 50 houses to be erected.

Housing (Rural Workers) Acts, 1926 and 1931.

The following table shows the extent of the action taken under these Acts during the year.

No. of Applications.	No. of Houses involved.	Nature of Works.	Assistance Approved.	
			<i>Grant.</i>	<i>Loan.</i>
9	19	Alterations and additions	£925	—

In a further case the application was deferred as the estimated cost of the proposed works was excessive.

In fourteen cases the certificate of the County Architect was received intimating that the works had been satisfactorily completed and payment of grant was approved involving a sum of £1,410.

In one case, after the works had been carried out, the owner intimated that he did not propose to proceed with the grant. The sum involved in this instance amounted to £250.

Payment of grant and/or loan was actually completed in respect of twelve applications, involving a sum of £1,100.

An application was made by the owner of four cottages to repay a portion of the grant received and so release one of the cottages from the restrictions and conditions imposed by the Acts, but this request was not acceded to.

During the year arrangements were made for periodical enquiries to be carried out in order to ascertain whether the conditions upon which grants are made are being strictly complied with. These conditions are registered as a Land Charge on the property and are not affected by change of ownership.

In two cases it was found that no steps had been taken to comply with the statutory conditions.

In one of these cases the owners of the property were informed that unless the rents were adjusted to conform with the conditions attaching to the grant legal proceedings would be taken.

In the other case the owner declined to make any alteration in the rents charged, although these were in excess of the amounts permitted, and in consequence repayment of the grant with compound interest at the prescribed rate with yearly rests pursuant to the provisions of Section 2 (4) (c) of the Housing (Rural Workers) Act, 1926, was demanded.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Details of the action taken to safeguard the milk supplies by the County District Authorities will be found in the Annual Reports of their Medical Officers of Health. The extent of activity varies very much in different Districts and in some leaves much to be desired.

These Authorities are responsible for supervising the fitness and cleanliness of cowsheds in their areas, both matters of prime consequence to the consumer of milk as having a direct influence on the health of the cattle and the cleanly production of the milk.

There are many unfit cowsheds in the County and nothing less than greatly increased facilities for inspection by augmentation of staff in certain areas will secure improvement.

A few Authorities take samples of milk for submission to bacteriological examination (count, tubercle bacilli and *B. coli*), but the bulk of the County milk supply is not so tested.

I have records only of three such Authorities and the standard for bacterial content required by each is as follows—one, not more than 30,000 bacteria per c.c. and two, not more than 200,000 bacteria per c.c. One requires the absence of *B. coli* in 0.1 c.c., one in 0.01 c.c. (Grade A.) and in one case no standard is stated.

In one District Annual Report the subject of milk—inspection, production, examination—is wholly omitted.

In only three Reports is there reference to veterinary inspection of dairy cattle conducted by the Local Authority.

Such are the varying standards and methods throughout the County in supervision of the production of perhaps the most useful and most easily polluted article of human food.

In connection with the lack of systematic veterinary inspection, it is only fair to state that this may now be said to be the duty of County Councils since the operation of Part IV. of the Milk and Dairies Order, 1926.

The text of this is as follows :—

“ Every county council and county borough council shall cause
“ to be made such inspections of cattle as may be necessary
“ and proper for the purposes of the Act and of this order.”

The loopholes are obvious.

Instead of routine veterinary inspection in this County the County Council have adopted a procedure whereby the milk of every herd in the County is bulk sampled and submitted to biological examination in rotation.

With the existing arrangements it is only possible to get round the herds once in every fourteen months, but even this has made a material contribution to the problem of eliminating tuberculous cattle from dairy herds.

During 1932, 1,156 herd milk samples were taken and submitted to biological examination. A hundred and three of these were positive to Tuberculosis, giving a percentage of 8.91, compared with 8.38 in 1931.

Immediate following-up of these positive samples by veterinary inspection and further sampling led to the finding of the animals infected and to their elimination from the herds in the great majority of cases.

The following table gives a summary of veterinary inspections and shows the primary causes which resulted in inspections being carried out.

This shows that as a result of herd sampling 2,364 cows were submitted to veterinary examination leading to the finding of 135 tuberculous cows, or 5.71 per cent. of those examined.

Summary of Inspections of Dairy Cattle, 1932.

Initial Cause. of Inspection.	No. of cows exam- ined.	Result of examination—cows affected.						Percentage of cows found to be Tuber- culous.
		Non-Tuberculous.			Tuberculous.			
		Mas- titis.	Indur- ations.	Minor Lesions.	Tuber- culous Udder.	Chronic Cough and Definite Clinical Signs.	Tuber- culous Emacia- tion.	
Milk & Dairies (Con.) Act, Section 4 ..	214	1	7	—	8	—	—	3.74
Herd Milk Samples ..	2,364	24	87	5	89	43	3	5.71
Other causes ..	1,247	5	15	3	12	28	3	3.45
Totals ..	3,825	30	109	8	109	71	6	4.86

Action taken under the Milk and Dairies (Consolidation) Act, 1915, and the Milk and Dairies Order, 1926, comes within the purview of the Public Health and Housing Committee, but action taken under the Diseases of Animals Acts and the Tuberculosis Order, 1925, is controlled by the Diseases of Animals Sub-Committee of the County Agricultural Committee. The work of each of these Committees is complementary to that of the other and is so co-ordinated that overlapping is avoided. Thus it is generally convenient when action is required under the Milk and Dairies (Consolidation) Act, 1915, to make use of the provisions of the Tuberculosis Order, 1925, for carrying out the necessary herd examinations and disposing of the infected animals when found.

The following table gives the numbers of cows slaughtered and the stage of disease found during the years 1930, 1931 and 1932, and the proportion slaughtered as a result of action by the Department.

Total number of cows slaughtered and findings.				Not affected.	Number slaughtered as a result of action by the Department and findings.		
	Slaughtered	Stage of Disease found.			Slaughtered	Stage of Disease found.	
		Advanced	Not advanced			Advanced	Not advanced
1930	172	138	34	—	57	44	13
1931	274	208	66	—	147	96	51
1932	312	218	93	1	186	124	62

The increased activity by the Department has resulted in a slightly higher proportion of cows being slaughtered in the “not advanced” stage during 1932 than during 1931, an improvement beneficial both to the cowkeeper and to the public health.

The total numbers dealt with are also very much increased.

A table is submitted showing the results of microscopical examinations carried out by Mr. Torrance in the laboratory.

Microscopical Examinations, 1932.

Material examined.	No. of Samples.	RESULTS.				
		Tuberculous.	Mastitis.	Anthrax.	Johnes.	Negative.
Milk	384	110	5	—	—	269
Expectorate	127	51	—	—	—	76
Intestines	4	—	—	—	4	—
Blood	1	—	—	—	—	1
Fæces	1	—	—	—	—	1
Lymph Glands ..	9	1	—	—	3	5
Totals	526	162	5	—	7	352

It is interesting to note that of 526 examinations made it was possible to determine the presence of tubercle in 162 by microscopic examination only.

During the year notifications were received under Section 4 of the Milk and Dairies (Consolidation) Act, 1915, from the City of Nottingham (four), County of Lindsey, County of London, County Borough of Rotherham, Borough of East Retford and Borough of Worksop. These led to the detection and slaughter of eight animals found to be suffering from Tuberculosis.

As a routine practice the milk supply of all notified cases of Non-Pulmonary Tuberculosis under the age of twenty-one is investigated fully with the co-operation of the Chief Veterinary Officer and this has proved yet another means of ascertaining and eliminating tuberculous cows from herds not suspect of providing dangerous milk.

Milk (Special Designations) Order, 1923.

The Chief Inspector of Food and Drugs has kindly supplied me with the following information relating to producers of graded milks.

Certified.

There were two licensed producers of Certified Milk in the County on 1st January, 1932. During the year one license lapsed and two new licenses became operative. There were, therefore, three licensed producers of Certified Milk at the end of the year.

Grade A. (T.T.).

No licenses for the production of Grade A. (T.T.) Milk have been issued.

Grade A.

The number of licensed producers of Grade A. Milk in the County on 1st January, 1932, was eight. During the year three licenses lapsed; one licensee terminated his license for the production of Grade A. Milk and procured a license for Certified Milk; and one new license was issued. The number of licensed producers of Grade A. Milk on the 31st December was, therefore, five.

Inspection of Meat and Other Foods.

The Reports from County Districts show much variation in activity in this form of inspection.

In some there is clear evidence of systematic and thorough supervision, in others the records show a much reduced standard of activity. In one large Rural District there were *no food condemnations in the year*, though there are nineteen slaughterhouses to which the visits of inspection numbered only thirty. In another Rural District there are thirty-eight slaughterhouses, slaughtering took place on 4,254 occasions, visits of inspection were "as often as possible" and there were *no condemnations during the year*. In another Rural District there are fifty-one slaughterhouses, slaughtering took place on 2,528 occasions, visits of inspection numbered 2,010 and 642 stones of meat were condemned.

Food and Drugs (Adulteration) Act, Artificial Cream Act, etc.

The adulteration of food is dealt with by the County Food and Drugs Department, and by the courtesy of the Chief Inspector (Mr. Templeman) a summary of the work carried out during the year is given below.

The summary is of a comprehensive nature, embracing samples taken under the Food and Drugs (Adulteration) Act, 1928, Artificial Cream Act, 1929, Public Health (Condensed Milk) Regulations, 1923 and 1927, Public Health (Dried Milk) Regulations, 1923 and 1927, and the Public Health (Preservative in Food) Regulations, 1925 and 1927.

Annual Summary of Food and Drugs.

The following is the Annual Summary for the year ended 31st December, 1932.

				Bought.	Submitted.	Genuine.	Reported Deficient.
Almonds, ground	..	..	..	4	4	4	—
Apricots, dried	..	..	..	1	1	1	—
Arrowroot	..	..	..	2	2	2	—
Bacon	..	..	..	7	7	7	—
Baking Powder	..	..	..	9	9	9	—
Beef Cubes	..	..	..	1	1	1	—
Beef and Tongue	..	..	..	1	1	1	—
Bi-carbonate of Soda	..	..	..	3	3	3	—
Bismuth Tablets	..	..	..	1	1	1	—
Black Beer	..	..	..	1	1	1	—
Blackcurrant and Glycerine Balsam			..	1	1	1	—
Black Pudding	..	..	..	1	1	1	—
Bloater Paste	..	..	..	1	1	1	—
Borax	..	..	..	1	1	1	—
Brawn	..	..	..	1	1	1	—
Butter	..	..	..	45	45	43	2
Calves' Feet Jelly	..	..	..	1	1	1	—
Camphorated Oil	..	..	..	2	2	2	—
Candied Peel	..	..	..	1	1	1	—
Carraway Seeds	..	..	..	2	2	2	—
Castor Oil	..	..	..	1	1	1	—
Cheese	..	..	..	13	13	13	—
Cherry Marmalade	..	..	..	1	1	1	—
Chicken and Ham Roll	..	..	..	2	2	2	—
Chocolate, drinking	..	..	..	2	2	2	—
Cocoa, various	..	..	..	16	16	16	—
Cocoanut, desiccated	..	..	..	4	4	4	—
Coffee	..	..	..	15	15	15	—
Cordials	..	..	..	2	2	2	—
Corned Beef	..	..	..	1	1	1	—
Corn Flour	..	..	..	2	2	2	—
Cough Mixture	..	..	..	1	1	1	—
Cream	..	..	..	5	5	5	—
Currants	..	..	..	1	1	1	—
Custard Powder	..	..	..	6	6	6	—
Dripping	..	..	..	5	5	5	—
Egg Substitute Powder	..	..	..	1	1	1	—
Epsom Salts	..	..	..	1	1	1	—
Flour, cake	..	..	..	1	1	1	—
Flour, self-raising	..	..	..	5	5	5	—
Flowers of Sulphur	..	..	..	1	1	1	—
Friars' Balsam	..	..	..	1	1	1	—
Fruit, bottled	..	..	..	4	4	4	—
Fruit, dried	..	..	..	1	1	1	—
Fruit Salad	..	..	..	1	1	1	—
Gin	..	..	..	54	4	2	2
Glycerine	..	..	..	1	1	1	—
Glycerine, Lemon and Ipecacuanha Mixture				1	1	1	—
Green Pea Soup	..	..	..	1	1	1	—
Ground Ginger	..	..	..	5	5	5	—
Carried forward	..	..		241	191	187	4

				Bought.	Submitted.	Genuine.	Reported Deficient.
	Brought forward	..	..	241	191	187	4
Haslet	..	..	..	1	1	1	—
Health Salts	..	..	..	1	1	1	—
Herb Beer Extract	..	..	..	1	1	1	—
Herrings in Tomato	..	..	..	2	2	2	—
Honey	..	..	..	5	5	5	—
Hop Ale	..	..	..	1	1	1	—
Ice Cream	..	..	..	1	1	1	—
Icing Sugar	..	..	..	1	1	1	—
Jam ..	..	..	..	10	10	10	—
Jam Roll	..	..	..	1	1	1	—
Jelly Cream	..	..	..	1	1	1	—
Jelly Crystals	..	..	..	2	2	2	—
Jelly, table	..	..	..	1	1	1	—
Krusto Pastry Maker	..	..	..	1	1	1	—
Lard ..	..	..	..	25	25	25	—
Lemon Cheese	..	..	..	2	2	2	—
Lemon Curd	..	..	..	4	4	4	—
Licorice Powder	..	..	..	1	1	1	—
Malted Chest Syrup	..	..	..	1	1	1	—
Margarine	..	..	..	18	18	18	—
Milk, condensed	..	..	..	28	28	28	—
Milk Food	..	..	..	2	2	2	—
Milk, new	..	..	..	569	44	14	30
Mincemeat	..	..	..	2	2	2	—
Mustard	..	..	..	2	2	2	—
New Potatoes, tinned	..	..	..	1	1	1	—
Oatmeal	..	..	..	5	5	5	—
Olive Oil	..	..	..	1	1	1	—
Ox Tongue Loaf	..	..	..	1	1	1	—
Pearl Barley	..	..	..	8	8	8	—
Peas, tinned	..	..	..	4	4	4	—
Pepper	..	..	..	14	14	14	—
Pickles in Malt Vinegar	..	..	..	1	1	1	—
Pickled Onions	..	..	..	1	1	1	—
Polony	..	..	..	1	1	1	—
Pork and Beans	..	..	..	2	2	2	—
Potted Meats	..	..	..	10	10	10	—
Prunes	..	..	..	1	1	1	—
Pudding Mixture	..	..	..	1	1	1	—
Rice	..	..	..	19	19	19	—
Rice, ground	..	..	..	10	10	10	—
Rum ..	..	..	..	17	2	1	1
Salmon Paste	..	..	..	1	1	1	—
Salmon, tinned	..	..	..	2	2	2	—
Sal Volatile, Spirits of	..	..	..	2	2	2	—
Sauce	..	..	..	2	2	2	—
Sausages	..	..	..	21	21	21	—
Slippery Elm Food, malted	..	..	..	1	1	1	—
Soup Powder	..	..	..	1	1	1	—
Spaghetti in Tomato Sauce	..	..	..	1	1	1	—
Sponge Cakes	..	..	..	4	4	4	—
Suet	..	..	..	10	10	10	—
Sugar, castor	..	..	..	1	1	1	—
Sugar of Milk	..	..	..	1	1	1	—
Sulphur and Orange Tablets	..	..	..	1	1	1	—
Sultana Pudding	..	..	..	1	1	1	—
Sweetmeats	..	..	..	11	11	11	—
Sweet Nitre	..	..	..	1	1	1	—
Syrup	..	..	..	2	2	2	—
Syrup of Figs	..	..	..	1	1	1	—
Syrup of Rhubarb	..	..	..	1	1	1	—
Syrup of Squills	..	..	..	2	2	2	—
Carried forward	..	..	..	1,088	498	463	35

				Bought.	Submitted.	Genuine.	Reported Deficient.
Brought forward	..	..	..	1,088	498	463	35
Tapioca	..	..	..	7	7	7	—
Tea	..	..	..	11	11	11	—
Tincture of Rhubarb	..	..	..	2	2	2	—
Tomatoes, tinned	..	..	..	2	2	2	—
Tomato Ketchup	..	..	..	1	1	1	—
Tomato Soup	..	..	..	1	1	1	—
Vinegar	..	..	..	8	8	8	—
Vinegar, malt	..	..	..	16	16	15	1
Welsh Rarebit	..	..	..	1	1	1	—
Whisky	..	..	..	2	1	1	—
Yeast Tablets	..	..	..	1	1	1	—
				1,140	549	513	36
New Milk (Informal)	..	..	..	1,801	—	—	—
Bulk samples of milk taken on appeal to cows				—	35	26	9
Taken at Farms	..	..	..	504	—	—	—
Received	..	..	..	1,018	—	—	—
Received from Milk Recording Society	..			424	—	—	—
				4,887	584	539	45
Year ended 31st December, 1931			..	4,388	585	538	47

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

The year under review was notable for a marked decrease in the total number of cases of infectious diseases notified, being 2,427 as compared with 2,798 for the preceding year and 3,574 for 1930.

INFECTIOUS DISEASE.			
TOTAL NUMBER OF NOTIFICATIONS.			
	Urban Districts.	Rural Districts.	Whole County.
1923	2,191	766	2,957
1924	3,157	1,013	4,170
1925	3,423	765	4,188
1926	1,465	706	2,171
1927	2,055	938	2,993
1928	1,796	1,095	2,891
1929	2,525	1,363	3,888
1930	2,417	1,157	3,574
1931	1,744	1,054	2,798
1932	1,638	789	2,427

Cerebro-Spinal Fever.

The number of notifications of Cerebro-Spinal Fever during the year was seventy-one.

Thirty-three cases ended fatally, giving a case fatality of 46.5 per cent.

The Districts affected were :—

	No. OF NOTIFICATIONS.		No. OF DEATHS.	
Basford Rural District	10	5		
Mansfield Borough	8	4		
Warsop Urban District	8	3		
East Retford Borough	7	1		
Kirkby-in-Ashfield Urban District	6	3		
Sutton-in-Ashfield Urban District	6	3		
Worksop Rural District	6	5		
Worksop Borough	5	4		
Hucknall Urban District	5	—		
Skegby Rural District	5	3		
Southwell Rural District	2	—		
Huthwaite Urban District	1	—		
Mansfield Woodhouse Urban District	1	—		
West Bridgford Urban District	1	1		
Eastwood Urban District	—	1		

As Consultant under the Cerebro-Spinal Fever Regulations the services of Dr. F. H. Jacob were fully utilised during the epidemic at a cost of £143 14s. 0d.

I am indebted to Dr. T. C. Garrett, Medical Officer in charge of the Carlton-in-Lindrick Isolation Hospital, for a comprehensive report on the history and treatment of the seventeen cases of the disease which came under his care at the Hospital during the year. Of these cases seven died and ten were discharged. Of the ten cases discharged one was totally blind, another died within four months of discharge and the remaining eight made good recoveries.

Cases of Cerebro-Spinal Fever were received into this Hospital from six County Districts not normally served by the Hospital.

This service, proffered by the Joint Committee of the Hospital owing to the urgent needs of other Districts, was of inestimable value and I wish to express to them and to Dr. Garrett my gratitude for their most welcome co-operation.

In the autumn the Joint Committee were able to reduce their charge for "outside" cases from five guineas to four guineas and to provide free motor ambulance services when required.

Small Pox.

No cases of Small Pox were notified and no deaths were recorded.

	SMALL POX.		
	Cases.	Deaths.	Case Mortality per cent.
1923	396	..	..
1924	518	2	0.39
1925	585	..	..
1926	157	..	..
1927	502	..	..
1928	314	1	0.31
1929	64	..	..
1930	82	1	1.22
1931	3	..	..
1932	..	..	..

Scarlet Fever.

There was an appreciable reduction in the number of cases of Scarlet Fever notified during the year : 676 notifications were received as compared with 807 for the year 1931 and 1,481 for the year 1930.

The disease was fairly prevalent throughout the year but at no time appeared in epidemic proportions.

Scarlet Fever continues to appear mainly in its mild form. The attack rate was 1.47 per 1,000 of the estimated population and the case mortality 0.44 per cent.

No routine use has been made of either the Dick Test of immunity or of artificial methods of immunisation.

	SCARLET FEVER.			
	Cases.	Deaths.	Case Mortality per cent.	Attack Rate or cases per 1,000 of the Population.
1928	856	3	0.35	2.02
1929	1,565	14	0.89	3.66
1930	1,481	11	0.74	3.37
1931	807	9	1.11	1.80
1932	676	3	0.44	1.47

Diphtheria.

Two hundred and thirty-three cases of Diphtheria were notified during the year. This total is 140 less than the 1931 figure and is the lowest recorded for the last five years.

Twelve deaths resulted from the disease, giving a case mortality rate of 5.1, as compared with 4.3 in 1931, 4.7 in 1930 and 8.8 in 1929.

No use has yet been made of modern methods of artificial immunisation amongst school children in this County.

The Districts mostly affected by the disease during the year were Mansfield Borough, fifty-one cases; Basford Rural District, thirty-five cases; Sutton-in-Ashfield Urban District, twenty-eight cases; and Hucknall Urban District, twenty cases.

	DIPHTHERIA.			
	Cases.	Deaths.	Case Mortality per cent.	Attack Rate or cases per 1,000 of the Population.
1928	259	22	8.5	0.61
1929	362	32	8.8	0.84
1930	427	20	4.7	0.97
1931	373	16	4.3	0.83
1932	233	12	5.1	0.51

Enteric Fever.

Forty-one cases of Enteric Fever were notified during the year and six deaths resulted. The case mortality rate was 14.6, as compared with 11.8 in 1931, and 23.7 in 1930.

Nine cases of the disease occurred at the County Mental Hospital in the Bingham Sanitary District, resulting in one death.

Four cases were reported in Huthwaite, all of which occurred in the same family, and one death was notified. Despite close investigation the original source of infection could not be ascertained, although it was at first suspected that a supply of mussels consumed by the first person affected was responsible for the outbreak.

In Sutton-in-Ashfield two cases occurred, one of which was reported to have been living in the same house as the cases notified in Huthwaite.

Six cases of the disease were notified in Stapleford, five of which occurred in the same family ; the disease in these cases was attributed to the consumption of well water which was liable to surface contamination. The well was subsequently closed. There were no deaths from the disease in this District.

The case notified in Skegby was an itinerant hawker who had been living in a caravan. After treatment in hospital the patient was discharged apparently quite well.

	ENTERIC FEVER including "CONTINUED."			
	Notified Cases.	Deaths.	Case Mortality per cent.	Attack Rate or cases per 1,000 of the Population.
1923	33	5	15.2	0.09
1924	35	5	14.3	0.09
1925	24	5	20.8	0.06
1926	20	6	30.0	0.05
1927	64	4	6.2	0.15
1928	38	2	5.3	0.09
1929	19	1	5.3	0.04
1930	38	9	23.7	0.09
1931	34	4	11.8	0.07
1932	41	6	14.6	0.09

Puerperal Fever and Pyrexia.

Nine cases of Puerperal Fever and thirty-four cases of Puerperal Pyrexia were notified during the year, as compared with fifteen cases of Puerperal Fever and fifty-one cases of Puerperal Pyrexia notified in 1931. Deaths from Puerperal Sepsis totalled six and from other Puerperal causes twenty-three.

Comments on these diseases and the investigation of their incidence are to be found under the heading of Maternity and Child Welfare.

Pneumonia.

During the year 582 cases of Pneumonia were notified and of this total 258 cases were notified during the first quarter.

The total of deaths, 337, is a decrease of forty-two compared with 1931. The deaths of children under twelve months totalled sixty-nine.

	PNEUMONIA.	
	Notified Cases.	Deaths.
1928	578	288
1929	896	454
1930	564	304
1931	567	379
1932	582	337

Other Infectious Diseases.

Acute Poliomyelitis. Four cases of this disease were notified in the following Districts—Mansfield Borough, one; East Retford Borough, two; and Warsop Urban District, one. There were three deaths, one in the Mansfield Borough, one in the East Retford Borough and one in the Leake Rural District. The latter case was not the subject of formal notification prior to death.

Malaria. No cases of Malaria were notified.

Encephalitis Lethargica. Three cases of Encephalitis Lethargica were notified during the year, one in the Newark Borough and two in the Basford Rural District. Eight deaths were attributed to this disease during the year.

PUBLIC VACCINATION.

There has been no material change in the arrangements made for the administration of the Vaccination Acts.

Tabular statements recording the work of Public Vaccinators and Vaccination Officers in detail will be found at the end of this Report.

The salient feature is that a large proportion of infants is evading vaccination, as is shown by the following figures for the calendar year 1931.

Number of cases in Birth Lists received by	
Vaccination Officers	7,439
Number of Certificates of Vaccination received	1,600
Number of Statutory Declarations received ..	4,703

The Public Vaccinators and Medical Officers of County Institutions carried out 1,310 successful primary vaccinations in persons under one year of age and 600 in persons of one year of age and upwards, or a total of 1,910.

In addition sixty-six successful re-vaccinations were carried out.

There were two prosecutions during the year (see Table XIII).

During the year a Memorandum on the Administration of Public Vaccination was submitted to the Public Health and Housing Committee and approved by the County Council in which recommendations were made as to changes in administration which were thought to be desirable.

TREATMENT OF TUBERCULOSIS.

During the year 1932 the number of deaths caused by Tuberculosis in the whole country was the lowest ever recorded.

In this County the deaths numbered 291 compared with 346 in 1931, and this number was also the lowest recorded.

The death rate of all forms of Tuberculosis was 0.64, also the lowest ever recorded.

The reduction in mortality from Non-Pulmonary Tuberculosis has been progressive over many years.

In 1900 there were 184 such deaths in this County compared with 61 in 1932.

This important success has rendered the more disappointing the much slower progress in reducing mortality due to Pulmonary Tuberculosis, the deaths in 1932 being 230, compared with 256 in the year 1900.

Very real progress has, however, been made and the current year's results are encouraging, especially when the general economic difficulties of the County population are borne in mind.

The work of prevention is not slackening ; rather, in our County, have active steps been taken to strengthen the forces available.

Some progress is now also being made towards re-housing the people most needing better accommodation and I see no reason for any but an optimistic outlook, whilst recognising that progress will be slow and that the final eradication of Tuberculosis as a serious cause of mortality is a distant prospect. It is not, however, a visionary prospect. There are still many gaps in the Schemes for Treatment and Prevention of Tuberculosis.

Slum clearance (including village "slums"), the alleviation of overcrowding, preventive isolation of infectious cases, whether by Institutional means or carefully revised and supervised home arrangements or by the boarding-out of young contacts ; the provision of suitable environment and *employment* for patients, following Sanatorium treatment, whether by Colony or otherwise, public instruction, all these things are needed and all are recognised.

Unexpected improved methods of treatment may be devised ; much research work is continuously being pursued ; but even failing such the lines of progress now recognised, if vigorously followed, will yield the desired result.

That the next few years will see much improved housing conditions is now assured and it is unlikely that steps will not be taken to remedy the most obvious defects in present Schemes.

"Sanatorium Treatment" has held the stage too prominently for many years and has overshadowed other needs. It must be recognised that "Sanatorium Treatment" alone rarely "cures." It rehabilitates and effects a subsidence of disease.

The ex-Sanatorium patient presents a specific problem which has not been faced. He costs the State some two-and-a-half millions a year to treat. Having given him new hope, we turn him adrift in the economically antagonistic surroundings

of normal competitive existence. Often he simply cannot compete and cannot maintain himself or his family at the level necessary to his own sustained recovery and their safety. "Suitable" employment being denied him he takes what he can get. Rarely can he sustain the pace required and the inevitable breakdown follows. He is again an active case and a source of infection. He may be afforded a further period of Sanatorium Treatment but to what final purpose? The vicious circle again awaits him.

It must be logical, having spent two and a half millions of pounds on treatment, that further expenditure to maintain the benefits to the patient and to safeguard the public should be incurred. It must be illogical not so to spend, yet we have not thus far faced the issue seriously.

In this County a recent inquiry showed that no less a sum than £4,000 was spent in one year on Public Assistance rendered necessary by incapacity caused by Tuberculosis.

Yet to meet the real needs of tuberculous patients, to prevent their relapse, to avoid re-infectivity, the level of maintenance should clearly be a level above that of Public Assistance.

These questions are all receiving active consideration by the appropriate Committees of the County Council at the present time, with a view to elucidating some procedure in supersession of the present "vicious circle."

Comparative Statement of Work Done under the Tuberculosis Scheme :—

The following tabular statement indicates the extent of certain activities under the County Tuberculosis Scheme during 1932 compared with average figures for "all Counties" for the year 1931.

Comparative "All Counties" figures for 1932 are not yet available.
Nottinghamshire. All Counties.

	1932.	1931.
New Cases examined per 100 deaths from Tuberculosis	436	290
Contacts examined per 100 deaths from Tuberculosis	113	131
New cases and contacts found to be Tuberculous per 100 deaths from Tuberculosis	148	135
Consultations (personal and other) per 100 deaths from Tuberculosis	362	357
Sputa examined per 100 deaths from Pulmonary Tuberculosis	451	371
X-Ray examinations, per 100 deaths from Tuberculosis	91	135
Home Visits by Tuberculosis Officers (including personal consultations) per 100 deaths from Tuberculosis	260	345
Home visits by Nurses or Health Visitors per 100 cases on Dispensary Registers ..	204	343
Number of patients treated per 100 deaths from Tuberculosis	102	112

Supplementary Annual Return, Form T.145a.

It has now been possible to complete this Return which, though provided for under Memo. 37/T. (revised), is optional. Completion has not been practicable prior to the year 1926. The Return shows, separately for Pulmonary and Non-Pulmonary Tuberculosis—

(a) The condition at the end of 1932 of all patients remaining on the Dispensary Register.

(b) The reasons for the removal of all cases written off the Register,

and will be found in the Appendix as Table X. (p), (pages xxiii-xxvi.).

Medical Staff.

The Staff consists of the County Medical Officer as Chief (Administrative) Tuberculosis Officer, two whole-time Tuberculosis Officers and the Medical Superintendent and Assistant Resident Medical Officer at the Sanatorium.

The Assistant Tuberculosis Officer (Dr. A. F. Seacome), who was employed approximately half-time as Assistant Tuberculosis Officer and half-time as Assistant School Medical Officer, retired at the end of June after serving the Council most conscientiously for twelve years.

It was decided to appoint a whole-time Tuberculosis Officer in his stead, mainly to secure an augmentation of Dispensary sessions and more work in following-up contacts and home visiting.

Dispensary Organisation.

The Tuberculosis Dispensaries maintained by the County Council and the days and times of sessions are as follows :—

	MANSFIELD (DR. W. H. BROWN).	
Monday,	.. 10-0 a.m. to 12-30 p.m.—	{ Females and Children only.
Monday	.. 2-0 p.m. to 4-30 p.m.—	
Thursday,	.. 10-0 a.m. to 12-30 p.m.—	Adult Males only.
*Thursday	.. 6-30 p.m. to 8-30 p.m.—	Males and Females.

	NEWARK (DR. L. W. HEARN).	
Tuesday	.. 10-0 a.m. to 12-0 noon	

	NOTTINGHAM (DR. L. W. HEARN).	
Wednesday	.. 9-30 a.m. to 12-0 noon —	Females and Children.
Wednesday	.. 2-0 p.m. to 4-0 p.m. —	Females and Children.
Thursday	.. 9-30 a.m. to 12-0 noon —	Adult Males only.
*Thursday	.. 6-0 p.m. to 7-30 p.m. —	Males and Females.

	WORKSOP (DR. W. H. BROWN).	
Friday	.. 10-0 a.m. to 12-30 p.m. —	Adult Males only.
Friday	.. 2-0 p.m. to 4-30 p.m. —	Females and Children.

	RETFORD (DR. W. H. BROWN).	
Saturday	.. 10-0 a.m. to 12-30 p.m. —	Men, Women and Children.

*Only Adults *in employment* will be seen at these sessions.

New Cases.

The following table gives the number of new cases, including “Contacts” examined at each of the five Dispensaries during the year and the preceding year, together with the total attendances :—

			Attendances.		New Cases.	
			1931.	1932.	1931.	1932.
Mansfield	..	..	2,199	2,689	586	581
Nottingham	..	..	1,702	1,781	439	369
Newark	..	..	399	454	96	96
Retford	..	..	225	301	67	72
Worksop	..	..	409	534	98	152
			<hr/>	<hr/>	<hr/>	<hr/>
			4,934	5,759	1,286	1,270
			<hr/>	<hr/>	<hr/>	<hr/>

As compared with 1931 the figures for 1932 show an increase of 805 attendances and a decrease of sixteen new cases.

The figures given in Table X (j), which will be found in the Appendix p. xvii., show the condition of the new cases (Sections A. and B.) as ascertained by the Tuberculosis Officers. From this it will be observed that out of a total of 1,270 new cases examined 431 (or 34 per cent.) were found to be definitely tuberculous. In 1931 the percentage was higher (35 per cent.) The percentage distribution of these 431 definitely tuberculous patients was as follows :—

		MALE.	FEMALE.
Pulmonary Tuberculosis—Adults	..	31.3%	30.2%
„ „ Children	..	8.1%	7.6%
Non-Pulmonary Tuberculosis—Adults	..	3.7%	4.2%
„ „ Children	..	7.0%	7.9%

In 1931 for every 100 deaths from Tuberculosis 287 new cases (excluding "Contacts") were examined. The corresponding figure for 1932 was 323.

Additional Dispensary sessions were arranged during the latter half of the year as follows :—

MANSFIELD DISPENSARY	..	Evening session every Thursday.
NOTTINGHAM DISPENSARY	..	Morning session every Thursday.
		Evening session every Thursday.
WORKSOP DISPENSARY	..	Morning session every Friday.

Contacts.

Section B. of Table X. (j), Appendix, p. xvii. gives details with regard to "Contacts" examined during the year.

In 1932, 330 "Contacts" were examined as compared with 291 in 1931. In the latter year the number of "Contacts" examined per 100 deaths from Tuberculosis was eighty-four. For the year under review the figure is 113.

This essential work has already benefitted by the strengthening of the Tuberculosis Medical Staff and there should be further improvement next year.

Treatment.

All treatment other than residential is afforded by the patient's own doctor in consultation, if necessary, with the Tuberculosis Officers, except certain specialised forms such as the injection of Tuberculin.

Domiciliary Treatment.

Patients requiring active treatment (other than residential) are referred to their own doctors and attend the Dispensaries at intervals, if able, for supervision. Panel practitioners furnish quarterly reports to the Tuberculosis Officer on insured patients under their care. Such patients as cannot attend the Dispensaries are visited by the Tuberculosis Officers as occasion requires.

Ancillary Services.

(a) *Laboratory Work.*

Specimens of sputum are examined and reported upon at the Ransom Sanatorium and the City Laboratory (at the latter a charge of two-and-sixpence per specimen is made).

The total number of specimens examined in connection with the Dispensaries was 663 during 1932. Three hundred and seventy-six examinations were also made for the purposes of the Public Health (Tuberculosis) Regulations, 1930.

(b) *X-Ray Examinations.*

The following summary gives the details of X-Ray examinations made in connection with the Dispensaries during the year 1932 :—

				RANSOM SANATORIUM.	Dr. MOWAT.
Chest Photographs	..	..	..	112	90
Bones and Joints Photographs	..	..	..	4	6
Screenings	..	..	..	55	—

During the year arrangements were made for patients to be sent from the Nottingham Dispensary to a Consultant Radiologist for X-Ray examination and report as and when required by the Tuberculosis Officer.

This has proved a very valuable adjunct to the Dispensary Service, being much more convenient than the old procedure of sending patients to the Sanatorium for X-Rays.

Similar arrangements are planned in connection with the other Dispensaries to come into operation in 1933.

(c) *Orthopaedic Treatment.*

The number of attendances at the various Out-Patient Clinics of the Cripples' Guild during 1932 was 532, as compared with 582 the previous year. For this service a grant of £65 was paid to the Guild during 1932-1933, while a further £20 was allotted for appliances. Mr. S. A. S. Malkin, F.R.C.S.E., the Guild's Honorary Surgeon and a salaried part-time officer of the County Council, attends at the Ransom Sanatorium in a consultative capacity to advise with regard to the treatment of children in-patients with orthopaedic defects.

(d) *Extra Nourishment.*

Cod liver oil and allowances of extra milk are distributed on the recommendation of the Tuberculosis Officer as strictly as possible from a treatment standpoint and not as a measure of relief.

In 1932 the cost of milk so given was approximately £106, as compared with £105 in 1931, and the number of cases in receipt of such grants amounted to 110 in 1932 as compared with seventy-four in 1931.

(e) *Shelters.*

The loan of an outdoor shelter is made, where possible, to selected patients and where the premises are suitable. Such shelters, although somewhat costly to maintain owing to periodical repairs, serve a useful purpose and prove beneficial in suitable cases.

The number in possession of the County Council is twelve and these have been occupied by thirteen patients during the year. Removals and repairs amounted to a total cost of £11 5s. 6d.

(f) *Home Visiting by the Tuberculosis Officers.*

During 1932, 737 domiciliary visits were paid by the Tuberculosis Officers as compared with 549 in 1931. This large increase in domiciliary visits is very satisfactory.

Further improvement may be expected when the strengthening of the Staff has been felt.

The number of visits for purposes of consultation was 132, compared with forty-three in 1931 and 166 in 1930.

The Work of the Health Visitors.

There were during 1932 two whole-time and seventeen "combined" Health Visitors, whose duties comprised the visiting of tuberculous patients, some of them also acting as Dispensary Nurses. They paid 3,637 visits during the year, as compared with 4,428 in 1931, and were in attendance at 437 sessions at the Dispensaries.

The number of visits paid by the Health Visitors per 100 patients on the Dispensary Register on the 31st December, 1932, was 194. The corresponding figure for 1931 was 248.

Visitors now ensure that all infectious cases are supplied with sputum flasks, pamphlets with directions and disinfectant. Conditions of overcrowding and bad housing are reported to the appropriate Authorities.

After-Care.

The work of the Nottingham and Notts. Association for the Prevention of Consumption, who carry out after-care work on behalf of the County Council, receiving a grant at the rate of £200 per annum, has been fully described in previous Annual Reports. The number of cases assisted by the Association in 1932 was 218 and assistance was afforded as follows :—

Nature of Assistance.				No. of cases assisted.
Extra Nourishment	..	..	..	34
Beds and Bedding	..	..	..	16
Clothing	..	..	..	45
During Convalescence	..	..	..	14
Air-Rings Loaned	..	..	..	3
Shelters Loaned	..	..	..	4
Spinal Chairs Loaned	..	..	..	1
Bed Rests Loaned	..	..	..	2
Care of Children	..	..	..	7
Insurance Paid or Adjusted	..	..	..	2
Loans	..	..	..	6
Dentures	..	..	..	2
Travelling Expenses Paid	..	..	..	7
Advice and Information	..	..	..	8
Other Forms of Assistance	..	..	..	6
Inquiry and Report	..	..	..	6
Referred to other Funds	..	..	..	39
Assistance not advised	..	..	..	6
Not suitable	..	..	..	3
Application withdrawn	..	..	..	6
Unsatisfactory cases	..	..	..	1

Public Health (Prevention of Tuberculosis) Regulations, 1925.

I have ascertained that no action was taken by the Local Sanitary Authorities in the County under these Regulations, which aim at the prohibition of tuberculous persons in an infectious state from milking cows, treating milk or handling milk vessels. Informal action was successfully taken in two instances by the Medical Officer of Health of the Basford Rural District.

Public Health Act, 1925 (Section 62).

According to information supplied to me no action was taken in the County during the year under Section 62 of the Public Health Act, 1925, which provides for the compulsory removal and detention in Hospital of highly infectious cases of Pulmonary Tuberculosis if proper isolation is impossible at home.

Tuberculosis.**NEW CASES AND MORTALITY DURING 1932.**

AGE PERIODS	NEW CASES.*				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	2	2	—	—	4	3
1	4	4	14	15	1	1	3	7
5	24	23	18	17	} 2	2	5	5
10	12	16	15	22				
15	29	40	15	6				
20	33	43	7	8	} 25	37	6	4
25	46	48	4	7				
35	36	25	2	8				
45	21	22	4	—	25	14	3	2
55	25	5	—	—	17	4	2	2
65 and upwards	3	4	—	2	5	2	—	2
Totals ..	233	230	81	87	128	102	29	32

*Recorded in the Registers of Medical Officers of Health of County Districts.

Domiciliary Supervision and Treatment of Necessitous Tuberculous Persons.

This Service, referred to the Public Health and Housing Committee under Section 6 (3) of the Local Government Act, 1929, has assisted cases as follows :—

Clothing prior to admission to Sanatorium ..	14
	—
	14
	<u> </u>

Residential Treatment.

On the recommendation of the Tuberculosis Officers patients are admitted for treatment to the County Council's Sanatorium, near Mansfield, where there were during the year 130 beds, fifty for men, forty for women and forty for children.

Twenty of the forty children's beds are reserved for Non-Pulmonary Tuberculosis.

Cases are also admitted for observation and investigation where there exists some doubt as to diagnosis. Three such cases were admitted during the year and the diagnosis was confirmed in one case.

In addition to the beds in the Ransom Sanatorium an average of nineteen beds was maintained by the Council for Non-Pulmonary cases (mainly adults) and the following Institutions have been utilised :—

Gringley-on-the-Hill Children's Hospital.

Harlow Wood Orthopaedic Hospital.

Royal Sea Bathing Hospital, Margate.

Twenty-eight patients received treatment in outside Institutions, as compared with twenty-nine in 1931; admissions during the year numbered eighteen, as compared with ten in 1931, and discharges ten, as compared with sixteen. Tables showing the extent to which institutional accommodation was available and utilised will be found in the Appendix (p. xix. and xx.).

The duration and immediate results of residential treatment are given in the Appendix (p. xxi. and xxii.); summarised and compared with the figures for the previous year, they are as follows :—

NUMBER OF PATIENTS DISCHARGED OR DIED.							
	Year.	Condition on Discharge.				Died.	
		Quiescent (or Arrested in Non-Pulmonary Cases).		Not Quiescent.			
		Number	Percentage	Number	Percentage	Number	Percentage
Pulmonary Tuberculosis	1931	15	5.21	209	72.57	30	10.42
	1932	134	47.86	93	33.21	22	7.86
	1931	22	7.64	6	2.08	2	0.69
	1932	25	8.92	4	1.43	—	—
Non-Pulmonary		TUBERCULOUS.		NON-TUBERCULOUS.		DOUBTFUL.	
	1931	—	—	4	1.39	—	—
	1932	1	0.36	1	0.36	—	—

Use is made of the special Wards in the County Institutions by the admission of cases unsuitable for Sanatorium treatment, especially with a view to removing advanced patients who are a source of infection in crowded homes.

The Ransom Sanatorium.

This is administered by the County Council. The Sub-Committee of Management consists of the following, of whom a proportion are co-opted members.

Chairman : COUNCILLOR J. H. HARDY.

Ex-officio—ALDERMAN MAJOR T. P. BARBER, D.S.O., T.D., D.L.
(*Chairman of the County Council*).

THE RT. HON. VISCOUNT GALWAY, D.S.O., O.B.E.
(*Vice-Chairman of the County Council*).

ALDERMAN W. BAYLISS,
(*Chairman of the Public Health and Housing Committee*).

COUNCILLOR C. BROWN, M.P.	COUNCILLOR A. T. CRESWELL.
„ J. J. CANTRILL.	„ M. HOLLAND.
„ C. G. CAUDWELL.	„ MRS. A. MCLOUGHLIN.
„ J. M. CHANDLER, M.B.E.	„ H. C. WRIGHT.
„ MRS. B. COX.	

CO-OPTED MEMBERS.

MRS. BRADFELD.	} Nottingham and Nottinghamshire Association for the Prevention of Consumption.
MISS M. ELLIS.	
MRS. J. O. LITTLEWOOD.	
MRS. RANSOM.	
MR. A. K. BURTON.	
MRS. A. M. HARROP WHITE.	} Nottinghamshire Insurance Committee.
MR. J. A. MARSHALL.	

At the end of the year the building extensions were completed. These were described in detail in my last report and provided for an addition of twenty beds with certain extensions of administrative buildings and a new school. The year has been a busy one as regards the administration of the Sanatorium, both in connection with the preparation and re-opening of the new buildings, and also in the provision of additional facilities for treatment, improved amenities for the Staff, additional stores accommodation and the meeting of certain emergencies, such as an overhaul of the X-Ray plant and a replacement of the old gas engines by a modern Diesel plant.

Provision has been made for the surgical treatment of suitable pulmonary cases by sending them to the Brompton Hospital, and a scheme for constituting the Sanatorium a preliminary training school was formulated. A fine hard tennis court has been made for the Nursing Staff by labour available at the Sanatorium under the direction of the Medical Superintendent.

The cost of administration for the financial year 1931-1932 was £1 11s. 4.3d. per bed per week exclusive of loan charges, rates, taxes and insurance, compared with £1 12s. 8.3d. in 1930-1931.

Post-Institutional After-Care.

In my last Report I discussed the need for further provision to be made to secure suitable conditions for certain types of patients

after Sanatorium treatment with particular reference to the principle of the "Colony." During the year consideration has been given to the question by the appropriate Committee and the matter is still engaging their attention.

I have received the following full report on the year's work at the Sanatorium from the Medical Superintendent, Dr. C. L. C. Crowe, which will be read with interest both by laymen and medical practitioners interested in the modern treatment of tuberculosis.

"Report of the Medical Superintendent for the Year ending 31st December, 1932.

The past year has seen many changes in the Sanatorium.

Notwithstanding all these extensive alterations, the efficient and smooth running of the work at the Sanatorium has been practically unaffected. What few discomforts the staff and patients may have been temporarily exposed to have been adequately compensated for by the excellence of the improvements ultimately effected.

Treatment in the Sanatorium has been conducted on lines similar to those indicated in my report of last year.

Provision has been made for surgical treatment by Thoracoplasty and Phrenic Evulsion.

During the year ended 31st December, 1932, four hundred patients have received treatment. Of these, one hundred and thirty were in residence on 31st December, 1931, and their treatment was extended into 1932.

There have been two hundred and seventy admissions during the year, 115 men, 84 women and 71 children, and an equal number of patients have been discharged.

Table A. ANALYSIS OF CASES DISCHARGED.

ADULTS—(199 discharged, including 21 deaths, 15 men and 6 women).

PULMONARY.					Men.	Women.
Class T.B. Minus	..	..	..	..	27	30
Class T.B. Plus—Group 1	1	..	..	..	5	2
„ 2	2	..	..	..	42	21
„ 3	3	..	..	..	40	31
OBSERVATION CASES.						
Tuberculous, Class T. B. Minus	..	..	..	..	1	Nil
Non-Tuberculous	..	..	..	..	Nil	Nil
Doubtful	..	..	..	..	Nil	Nil
					<hr/>	<hr/>
					115	84

Children—(71 discharged, including one death).

PULMONARY.						
Class T.B. Minus	..	..	..	..		50
Class T.B. Plus—Group 1	1	..	..	..		1
„ 2	2	..	..	..		Nil
„ 3	3	..	..	..		Nil
Bone and Joint Tuberculosis	..	..	..	..		11
Abdominal Tuberculosis	..	..	..	..		6
Tuberculosis of Peripheral Glands	..	..	..	..		2
Observation Case—Non-Tuberculous	..	..	..	..		1
						<hr/>
						71

The results of treatment, length of stay, gain in weight, etc., of patients discharged are tabulated in Table B.

The daily average number of patients was 129.3.

The average duration of stay for the adult patients who were discharged during the year (excluding nine who stayed for less than twenty-eight days) was 24.1 weeks.

Table B. Showing the immediate results of Treatment of Patients discharged from the Ransom Sanatorium during the year 1932.

Classification on admission to the Inst.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.										Average. Duration of Stay.	Average Gain in Weight.		Maximum Gain in Weight.														
		Under 3 months			3-6 months			6-12 months		Over 12 months			Total		Grand Total	Ads.	Ch.												
		M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.																		
PULMONARY TUBERCULOSIS.	Class T.B. Minus.	7	3	8	13	17	28	6	7	12	-	-	1	26	27	49	102	21	2	16	36	7½	34	Lbs.					
		-	3	-	1	-	-	-	-	-	-	-	-	1	3	-	4								-				
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1								1	-	-	-	-
		1	1	-	2	-	1	1	-	-	-	-	-	4	1	1	6								5	-	-	-	-
PULMONARY TUBERCULOSIS.	T.B.+ Group 1.	-	1	-	1	-	-	1	-	-	-	-	-	1	1	-	2	2	21	21	23	36	7½	-					
		-	1	-	1	-	-	-	-	-	-	-	-	1	1	-	1	2	42	9	14	35	-	-					
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
		3	-	-	9	4	-	-	3	-	1	1	-	13	8	-	21	23	14	35	-	-	-	-					
PULMONARY TUBERCULOSIS.	T.B.+ Group 2.	8	1	-	14	8	-	4	3	-	3	1	-	29	13	-	42	23	9	35	-	-	-	-					
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
		2	1	-	7	14	-	11	6	-	3	1	-	23	22	-	45	26	8	36¾	-	-	-	-					
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	5	3	-	4	1	-	5	2	-	1	-	-	15	6	-	21	67	6	36¾	-	-	-	-					
		-	-	-	-	-	-	-	-	-	-	-	-	2	3	-	5	6	-	-	-	-	-	-					
		-	-	-	-	-	-	-	-	-	-	-	-	23	22	-	45	6	-	-	-	-	-	-					
		-	-	-	-	-	-	-	-	-	-	-	-	15	6	-	21	-	-	-	-	-	-	-					
NON-PULMONARY TUBERCULOSIS.	Abdominal.	-	-	1	-	2	-	-	1	-	-	5	-	-	-	9	9	6	6	25.1	33.2	14.8	7.5						
		-	-	1	-	1	-	-	-	-	-	-	-	-	-	2	2	-	-	25.1	33.2	14.8	7.5						
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25.1	33.2	14.8	7.5						
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25.1	33.2	14.8	7.5						
NON-PULMONARY TUBERCULOSIS.	Peri-pheral Glands.	-	-	-	-	-	-	-	4	-	-	-	-	-	-	6	6	6	23.3	36.7	15.9	7.1							
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23.3	36.7	15.9	7.1							
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23.3	36.7	15.9	7.1							
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23.3	36.7	15.9	7.1							
		Average duration of Stay.										Average gain in Weight.																	
		All Adult patients										All children																	
		25.1										14.8																	
		33.2										7.5																	
		Patients discharged										Adults																	
		23.3										15.9																	
		Children										7.1																	
		“ quiescent ”																											
		Patients discharged										Adults																	
		26.6										13.5																	
		Children										7.3																	

*Patient developed Enccephalitis Lethargica with Endocarditis and Cerebral Embolism.

Table C. RANSOM SANATORIUM, 1932.

	In Institution on January 1st, 1932. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in Institution during the year. (4)	In Institution on December 31st, 1932. (5)
No. of doubtfully Tuberculous Cases admitted for observation.	Adult Males ..	1	1	—	1
	Adult Females ..	1	—	—	1
	Children ..	1	1	—	—
	TOTAL ..	3	2	—	2
No. of definitely Tuberculous Patients admitted for treatment.	Adult Males ..	114	99	15	49
	Adult Females ..	83	78	6	39
	Children ..	70	69	1	40
	TOTAL ..	267	246	22	128
	GRAND TOTAL ..	270	248	22	130

Table D. RESULTS OF OBSERVATIONS OF DOUBTFULLY TUBERCULOUS CASES.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ..	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
Non-Tuberculous ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Doubtful ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ..	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1

TABLE E.

Showing the Complications present in the cases discharged from the Ransom Sanatorium during the year, 1932.

ADULTS.			CHILDREN.		
<i>Nature of Complication.</i>		<i>No. of Cases.</i>	<i>Nature of Complication.</i>		<i>No. of Cases.</i>
Tb. Laryngitis	..	21	Spontaneous Pneumo-thorax	..	1
Pleurisy	..	16			
„ with Effusion	..	4			
Haemoptysis	..	12			
„ Terminal	..	3			
Ischio Rectal Abscess	..	4			
Tb. Peritonitis	..	5			
Tb. Meningitis	..	2			
Miliary Tuberculosis	..	1			
Spontaneous Pneumo-thorax	..	2			
Pyo-pneumo-thorax	..	2			
Lupus	..	1			
Tb. Kidney	..	1			
Emphysema	..	4			
Bronchitis	..	4			
Gangrene of Lung	..	1			
Amyloid Disease	..	4			
Gonorrhoeal Stricture	..	1			
Bronchiectasis	..	3			
Encephalitis Lethargica	..	1			
Bronchial Carcinoma	..	1			

An analysis of the statistical tables reveals a few interesting facts which invite comment and require explanation.

Firstly it will be noted from Table A that out of 178 adult discharges, 134 fall into groups T.B.+2 and T.B.+3. This represents 75% of the adult discharges. This figure seems to me to be very high and one is prompted to ask where the real “Sanatorium case” is being treated. Is this case wandering about unrecognised or is it being treated under the guise of recurrent colds, Bronchitis, Influenza, Gastritis, Anaemia, etc.? Such appears to be frequently the present-day fate of many of the future T.B.+3 cases.

The second important fact which strikes one is the small number of observation cases admitted during the year. These number three only in 270 admissions.

Thirdly, a study of Table B shows an increase in the average stay per patient compared to last year. With the exception of the T.B.+3 Group the average stay was less than six months. To obtain any lasting benefit the minimum stay should be at least six months and in the T.B.— and T.B.+1 Groups I should like to see this extended to a year or more if necessary. Socially and economically I realise such an ideal is difficult of attainment.

Fourthly, Table B shows that in the T.B. positive Groups 89 adult patients were discharged as non-quiescent. Although their sputum still contained tubercle bacilli, 75% of these had gained weight and were fit to do a certain amount of work in the Sanatorium. Knowing the economic condition of the County at present one feels that in a short time these people will break down and once more be confined to bed at home. To stabilise such cases and then turn them out of the Sanatorium with no prospect of work and consequently lack of suitable food to maintain their partially-regained health defeats the end of any Tuberculosis Scheme unless some form of after-care and treatment can be established to cope with the situation. It is to this type of case that a Colony would be a boon and a blessing. The early negative case who has had sufficiently protracted treatment at a Sanatorium goes out and can fend for himself. The T.B.+2 and early T.B.+3 cannot cope with the 100% worker in the labour market. He consequently goes under and the money spent on his previous Sanatorium Treatment is simply wasted.

The Treatment of Tuberculous Laryngitis.

It will be noted from Table E. that Tuberculous Laryngitis is a frequent complication (occurring in 21 cases during 1932) in those suffering from Pulmonary Tuberculosis. This figure, representing 10.6% of the number of adult patients treated here, refers only to cases who complained of subjective symptoms. In the course of a routine throat examination the percentage must be much higher.

Not only is Tuberculous Laryngitis one of the most frequent complications, but it is also one of the most serious and most resistant to treatment.

Treatment depends largely on the site and extent of the lesion and the presence or absence of that most distressing symptom—Dysphagia. Cases may be grouped as follows and suitable treatment administered accordingly :—

- (1) Early infiltration of vocal chords with slight ulceration without Dysphagia.
- (2) Early infiltration and swelling of the interarytenoids, without Dysphagia or at least only slight Dysphagia.
- (3) Cases showing Oedema of the arytenoids and epiglottis and ventricular folds with Dysphagia.
- (4) Tumour-like masses.

Cases who come under Groups (1) and (2) are recommended to remain on absolute silence for a prolonged period. All their conversation is written down on pads provided for them. In addition a suitable mixture or linctus is prescribed to allay cough as much as possible.

With the *complete* co-operation of the patient this form of treatment, if persisted in, produces very satisfactory results. Whispering is not allowed because of the laryngeal movement involved.

Cases falling into Groups (3) and (4) are those presenting the greatest difficulty in treatment. Absolute silence is again advocated here. For the treatment of the Dysphagia, so often attendant in these cases, blocking of the internal laryngeal nerve by Schlenker's method is performed with 1c.c. of the following solution :—

Cocaine Hydrochlor	..	..	gr.	1.
Phenol	..	..	m.	1.
Water	..	..	m.	20. }
Alcohol	..	..	m.	80. }

If successful the pain disappears at once and complete relief may be obtained for weeks. With recurrence of the pain the operation is repeated.

The other form of treatment which is advised, but not performed here because I think it requires a skilled Laryngologist to undertake it, is the galvano-cautery.

Cases in Groups (3) and (4) benefit greatly by this form of treatment and I would strongly advocate the appointment of a Specialist to provide this treatment for cases who should require it.

The above methods are, in my opinion, the only satisfactory methods of dealing with Laryngeal Tuberculosis. Other methods, such as insufflations, inhalations, paintings, etc., are also used here, but I fear rather in the form of *placebo* and not with any serious consideration of their being in any way likely to improve or even ameliorate the condition. Such forms of treatment seldom reach the site to be helped and if they do they frequently irritate rather than relieve it.

Blood Sedimentation Test.

This test is of undoubted value in formulating a prognosis in Pulmonary Tuberculosis. It is carried out as a routine on all adult patients undergoing treatment in the Sanatorium. A weekly estimation of the Blood Sedimentation Rate is made on patients receiving specific treatment, whilst those undergoing treatment on ordinary Sanatorium lines have a monthly estimation.

There are several methods of applying the Test but the one used here is that described by Cordier, of Lyons. The technique of this method was described in the Report for 1931.

In a normal subject sedimentation is slow, not exceeding 7-8 in a man, and 9-10 in a woman. In the tuberculous a sedimentation of 10-15 should be regarded as abnormal and it is an indication to the practitioner to rest the patient and advise caution. In dealing with figures from 15-25 we are justified in asserting the existence of activity of the lesion. Lastly, in the very ill, with rapidly extending ulcerative lesions, we have a blood sedimentation rate of 50 or even 60.

There are several sources of error in this Test and one must be aware of them to avoid any error of interpretation :—

- (a) Certain physiological states tend to modify the rapidity of sedimentation, *e.g.*, digestion, which markedly increases the rapidity of sedimentation.
- (b) Certain intercurrent broncho-pulmonary affections, *e.g.*, influenza.
- (c) Variations of temperature. Cold retards the rate and warmth increases it.
- (d) Lastly, the supervention of pleuritic effusion in the tuberculous, or the formation of an exudation into the cavity of an artificial pneumo-thorax, increases the rapidity of sedimentation.

Throughout the year, estimation of the Blood Sedimentation Rate was carried out on 115 patients, 114 of these being clinically cases of Pulmonary Tuberculosis.

1 case was admitted for observation and discharged non-tuberculous. The Blood Sedimentation Rate in this case was 10.

25 cases were discharged T.B. Negative and in this group the average rate of sedimentation was 25. This may appear abnormally high, but in this group were included several cases of fairly advanced disease with T.B. Negative sputum.

10 cases were discharged as T.B.+1, the average rate of sedimentation being 35.

34 cases were discharged as T.B.+2, the average rate of sedimentation being 40.

45 cases were discharged as T.B.+3, the average rate of sedimentation being 54.

From the above figures it will be seen that the Blood Sedimentation Rate is largely an index of the extent and activity of the disease. A rise in the rate frequently occurs before the onset of Fever, Haemoptysis, Pleurisy, etc., and is generally the first sign of some increased activity or complication. Further, the Test may be of assistance in deciding the length of treatment and the permissible extent of future activities.

Artificial Pneumo-Thorax and Allied Treatment.

This includes such therapeutic measures as artificial pneumo-thorax, oleo-thorax and gelatino-thorax.

All cases have been grouped according to choice at the time of attempted induction :—

Choice 1.—cases with involvement of one lung.

Choice 2.—cases with cavitation or much evident fibrosis of one lung with involvement of the better lung not beyond the upper third.

Choice 3.—cases in extremis, *e.g.*, Haemoptysis.

Artificial pneumo-thorax was attempted in eleven cases during the year and successful inductions were effected in nine cases. In the remaining two cases (Nos. 10 and 11 in Table F.) no pleural space was obtained because previous pleurisy had occurred, causing the visceral and parietal pleurae to become adherent.

Table F.

CASE No.	SEX.	M.O.H. CLASSIFICATION.	CHOICE.	SPUTUM.		REMARKS.
				BEFORE	AFTER	
1	Female	T.B.+2	1	+	—	Good collapse followed by a Pleurisy. Oleo-thorax performed. Patient discharged with complete blockage of L. pleural cavity. Doing well.
2	Female	T.B.—	1	—	Nil	Right-sided pleural effusion with heart and mediastinum displacement. Gas replaced. Discharged doing well and collapse maintained. No contralateral lesion.
3	Female	T.B.—	1	—	Nil	A.P. performed. Unsatisfactory collapse because of lax mediastinum and heart displacement. Oleo-thorax performed. Doing well. Back to work.
4	Female	T.B.—	3	—	—	Pleural effusion. Gas replaced. Obliterative Pleurisy. Gelatino-thorax performed. Patient did well for a time after discharge but has since gone down hill.
5	Female	T.B.+2	3	+	+	Severe Haemoptysis. A.P. performed. Not complete because of adhesion. Gelatino-thorax performed. Patient discharged and doing well since. Working.
6	Female	T.B.+2	1	+	Nil	Uncomplicated A.P. Back at work in a factory again and doing well.
7	Male	T.B.+2	2	+	+	T.B. found in fluid complicating A.P. Oleo-thorax performed. Apex contralateral lung still active. Fair result. Patient still in Sanatorium.
8	Male	T.B.+2	3	+	+	Induced before admission here. Rapid contralateral spread. A.P. abandoned. Patient died.
9	Male	T.B.+2	2	+	+	Induced before admission here. Rapid contralateral spread. Patient went rapidly downhill. Terminal condition gangrene of lung and death.
10	Male	T.B.—	1	—	—	No space found—Adherent pleura.
11	Female	T.B.+2	2	+	+	No space found. Adherent pleura.

An analysis of the table shows that on the whole the results are satisfactory. It will be of interest to note in a few years' time how those now at work are progressing. The after-histories of their cases will be compiled and it is proposed to publish a subsequent record of their progress.

Laboratory Work.

The routine laboratory work has been conducted on somewhat similar lines to former years.

The work consists chiefly of examination for tubercle bacilli in sputum, faeces, pus, pleural exudates and cerebro-spinal fluid.]

The sputum of all patients is examined shortly after admission and again before discharge. The sputum of negative cases is examined weekly on six consecutive occasions and again before discharge.

Three hundred and sixty-four sputum specimens have been sent in by the Tuberculosis Officers for examination.

Graduated Work.

This is a very important part of routine Sanatorium Treatment and is much appreciated by the majority of patients.

Its use is twofold. Firstly, it serves as an excellent guide as to the limit of the patient's working capacity, and secondly, it occupies the patient's mind and prevents him from becoming bored.

After the patients are up and about all day and on walk they are employed in the Sanatorium garden and workshops. Bed patients and those up only for a few hours are encouraged to occupy themselves for a short time daily with leather work, basket work, sewing, etc.

During the year under review a new hard tennis court was laid down by male patients.

New lawns and flower beds in front of the main administrative block were also completed by patient labour.

Aurotherapy.

Readers are requested to refer to my report of last year for dosage technique and the type of case selected for this form of treatment. During the year under review 15 patients have been treated with Sanocrysin and 14 with Allocrysin.

Tables G. and H. which follow summarise the work done in this direction.

Table G.

SANOCRYSIN CASES.

Case No.	Sex.	M.O.H. Classification.	Type of Disease.	Sputum.		Amount given.	Gain or Loss in Weight.	Effect on Blood Sedimentation.	Remarks.
				Before.	After.				
1	Male	T.B.+3	Ac. Exudative.	+	+	1.78 g.	—14lbs.	Rise from 55%-60%.	Course stopped on account of albuminuria and diarrhoea. Given in an attempt to stop acute nature of spread. Patient left San.—own request. Died soon after.
2	Male	T.B.+3	Exudative.	+	+	3.28 g.	—10lbs.	Rise from 48%-56%.	Course stopped because of attacks of diarrhoea. Patient went home at own request. Since died.
3	Male	T.B.+3	Fibrous with Exudation.	+	+	1.8 g.	— 8lbs.	Fall from 47%-46%.	Diarrhoea and vomiting occurred and treatment was stopped.
4	Male	T.B.+2	Fibrous with Exudation.	+	—	4.5 g.	+ 16lbs.	Fall from 45%-32%.	Discharged T.B.+2 Quiescent.
5	Male	T.B.+2	Infiltrative.	+	+	1.8 g.	+ 20lbs.	Fall from 42%-33%.	Course stopped because of persistent rash. Patient improved afterwards.
6	Male	T.B.+2	Fibrous with Exudation.	+	—	4.7 g.	+ 17lbs.	Fall from 38%-20%.	Discharged T.B.+2 Quiescent.
7	Male	T.B.+1	Infiltrative.	+	—	4.5 g.	+ 19lbs.	Fall from 28%-15%.	Discharged T.B.+1 Quiescent.
8	Male	T.B.—	Infiltrative.	—	—	3.5 g.	+ 25lbs.	Fall from 30%-19%.	Did vry well. Dismissed for breach of Sanatorium Rules.
9	Female	T.B.+3	Fibro-caseous and Infiltrative.	+	+	3.35 g.	— 3lbs.	Fall from 47%-30%.	Discharged. Non-Quiescent.
10	Female	T.B.+3	Fibro-caseous and Exudative.	+	+	1.7 g.	+ 15lbs.	Fall from 59%-43%.	Discharged Non-Quiescent. Since died.
11	Female	T.B.+2	Infiltrative.	+	—	3.35 g.	+ 3lbs.	Fall from 56%-49%.	Discharged Quiescent.
12	Female	T.B.+2	Infiltrative.	+	—	4.9 g.	+ 2lbs.	Fall from 33%-28%.	Discharged Quiescent.
13	Female	T.B.+2	Infiltrative.	+	—	1.95 g.	+ 13lbs.	Fall from 28%-8%.	Discharged Quiescent.
14	Female	T.B.+2	Fibro-caseous and Exudative.	+	+	4.45 g.	+ 17½lbs.	Fall from 48%-46%.	Discharged Non-Quiescent.
15	Female	T.B.—	Exudative.	—	—	1.0 g.	+ 18lbs.	Fall from 55%-49%.	Showed intolerance. Albuminuria and nausea. Course stopped.

Table H. ALLOCRYSIN CASES.

Case No.	Sex.	M.O.H. Classification.	Type of Disease.	Sputum.		Amount given.	Gain or Loss in Weight.	Effect on Blood Sedimentation.	Remarks.
				Before.	After.				
1	Male	T.B.+3	Ac. Exudative.	+	+	2 g.	—10lbs.	Rise from 48%-63%.	No toxic effects of drug, but no improvement. Went home. Since died.
2	Male	T.B.+3	Fibro-caseous with cavitation.	+	+	2 g.	— 5lbs.	Fall from 55%-49%.	Discharged T.B.+3. Non-Quiescent.
3	Male	T.B.+3	Fibro-caseous with cavitation and Exudation.	+	+	2 g.	+12lbs.	Fall from 52%-47%.	Discharged T.B.+3. Improved. Died of a fatal haemoptysis 3 months after discharge.
4	Male	T.B.+3	Ac. Exudative.	+	+	.6 g.	—8lbs.	Rise from 47%-54%.	Marked focal reaction and albuminuria. Course stopped. Transferred home. Since died.
5	Male	T.B.+3	Infiltrative.	+	—	2 g.	+6lbs.	Fall from 50%-46%.	Discharged T.B.+3. Quiescent.
6	Male	T.B.+3	Infiltrative & Exudative.	+	—	2 g.	+14½lbs.	Fall from 44%-26%.	Discharged Quiescent.
7	Male	T.B.+3	Infiltrative.	+	+	2 g.	+10lbs.	Fall from 50%-32%.	Discharged Non-Quiescent but improved.
8	Female	T.B.+3	Exudative.	+	+	4 g. (2courses)	+36lbs.	Fall from 48%-24%.	Much improved, although sputum still positive.
9	Female	T.B.+3	Exudative.	+	+	2 g.	Not weighed.	Not done.	Had an induction before full term. Live baby. Ac. spread followed the confinement. Patient died in the Sanatorium.
10	Male	T.B.+3	Exudative.	+	+	2 g.	—2lbs.	Rise from 48%-53%.	Discharged Non-Quiescent.
11	Male	T.B.+2	Infiltrative & Exudative.	+	—	4 g. (2 courses)	+35lbs.	Fall from 42%-20%.	Discharged T.B.+2 Quiescent.
12	Male	T.B.+2	Infiltrative.	+	—	2 g.	+5lbs.	Fall from 33%-17%.	Discharged T.B.+2 Quiescent.
13	Male	T.B.+1	Infiltrative.	+	—	2 g.	+32lbs.	Fall from 30%-11%.	Discharged T.B.+1 Quiescent.
14	Male	T.B.—	Fibrous with Exudation.	—	—	2 g.	+6lbs.	Fall from 28%-22%.	Well fibrosed.

An analysis of the foregoing tables reveals a few interesting facts.

- (1) The sputum of eleven cases positive before treatment became negative after treatment. In fifteen cases there was no alteration in the sputum and no negative case became positive after treatment.
- (2) The T.B.+3 Group showed decidedly bad results. Of the fifteen so treated seven died, six at varying intervals after discharge and one whilst still in the Sanatorium. In only two cases in this Group did the sputum become negative after treatment.
- (3) When the blood sedimentation rate on admission is 45% or over the results of treatment generally speaking are not good.
- (4) Infiltrative and exudative cases appear to respond best to treatment except in the T.B.+3 Group with high blood sedimentations.
- (5) Intolerance manifested itself in this series of cases as follows :—
 - (a) Three cases developed albuminuria.
 - (b) Three cases suffered from diarrhoea.
 - (c) One case suffered from gastritis and vomiting.
 - (d) One case developed an erythematous rash.

It will be noted that the best results were obtained in the T.B.+1 and T.B.+2 Groups.

Having due regard to the success one meets with when treating the early infiltrative and exudative case, one is tempted to try and arrest the disease in the advanced case showing a similar type of spread. The results, however, in my experience are not good in the majority of these cases and one is inclined now to limit aurotherapy to cases belonging to the T.B.+1 and T.B.+2 Groups, with an occasional case in the T.B.+3 Group, provided the blood sedimentation rate is within reasonable limits.

I still believe that aurotherapy is a valuable form of treatment in certain selected cases of Pulmonary Tuberculosis and shall continue to use it whenever a suitable type of case presents itself.

Recreation.

The fit adult patients are allowed to play billiards, croquet, bowls and table tennis. Full advantage is taken of such facilities.

Those less fit enjoy the amenities of darts, dominoes, cards, etc.

The Recreation Room is used extensively for concerts, cinematograph shows, whist drives, etc.

I would like to take the opportunity here of thanking members of the Committee, former patients and others who have kindly organised concert parties for the benefit of the patients. They are greatly appreciated always and I would ask for the continued support of these benefactors.

X-Ray Work.

The work done during the year in the X-Ray Department is summarised below :—

IN-PATIENTS.

Chest Photographs	..	..	366
Bones and Joints Photographs	..	..	60
Screenings	..	..	30

OUT-PATIENTS.

Chest Photographs	..	..	112
Bones and Joints Photographs	..	..	4
Screenings	..	..	3

TABLE I.

Table showing the Occupations of the Adult Patients admitted during 1932.

MALES.				FEMALES.			
Miners and Colliery Workers	..	53		Home Duties (chiefly Married Women)	..	..	41
Railway Workers	..	5		Factory Workers	..	..	20
„ Guard	..	1		Domestic Servants	..	..	10
„ Porters	..	2		Nurses	..	..	2
Electrician	..	1		Dye Works' Hands	..	..	2
Power Station Attendant	..	1		Tailoress	..	..	1
Farm Hands	..	2		Laundry Worker	..	..	1
Labourers	..	5		Dressmakers	..	..	3
Shop Assistant	..	1		Shop Assistant	..	..	1
Clerks	..	4		Hairdresser	..	..	1
Draughtsman	..	1		Typist	..	..	1
Salesman	..	1		Clerk	..	..	1
Traveller	..	1					
Insurance Superintendent	..	1					
Steel Workers	..	4					
Foundry Worker	..	1					
Engineer	..	1					
Cycle Factory Worker	..	1					
Hosiery Factory Worker	..	3					
Bricklayer	..	1					
Joiner	..	4					
Mason	..	1					
Bus Driver	..	1					
Motor Driver	..	1					
Bookbinder's Manager	..	1					
Corn Merchant	..	1					
Plant Pot Maker	..	1					
Golf Caddie	..	1					
Blacksmiths	..	2					
Club Steward	..	1					
Boot Factory Worker	..	1					
Boot Repairer	..	1					
Dye Works' Hand	..	1					
Ostler	..	1					
Accountant	..	1					
Solicitor	..	1					
Warehouseman	..	1					
Farmer	..	1					
Unemployed	..	2					
Divinity Student	..	1					
			115				84

TABLE J.

Showing the Districts from which Patients have been admitted during 1932.

Mansfield Borough	..	..	39
Worksop	„	..	17
Newark	„	..	17
East Retford	„	..	8
Arnold	Urban District	..	11
Beeston	„	..	7
Carlton	„	..	15
Eastwood	„	..	6
Hucknall	„	..	14
Huthwaite	„	..	—
Kirkby-in-Ashfield	„	..	20
Mansfield Woodhouse	„	..	14
Sutton-in-Ashfield	„	..	26
Warsop	„	..	6
West Bridgford	„	..	7
Basford	Rural District	..	17
Bingham	„	..	7
Worksop	„	..	12
East Retford	„	..	4
Leake	„	..	1
Misterton	„	..	3
Newark	„	..	3
Skegby	„	..	4
Southwell	„	..	9
Stapleford	„	..	3
			<hr/> 270 <hr/>

THE FOLLOWING IS A REPORT SUBMITTED BY MR. A. G. TAYLOR, THE
VISITING SCHOOL DENTAL OFFICER.

Dental Treatment.

‘ The aim of dental treatment is to improve the general resistance of the patients by removal of septic teeth, the cleaning of the teeth and an effort to preserve and improve the efficiency of mastication.

The removal of septic teeth may cause a reaction before the benefit is evident. To prevent any setback the teeth are extracted one or two at a time, and if the patient shows any signs of reaction further treatment is postponed until the lost ground has been regained. This procedure may prolong dental treatment over many weeks in some cases, but I am sure it is justified by the results.

Pyorrhoea is aggravated by deposits of tartar on dirty teeth. Scaling and cleaning such teeth improves the gum condition and justifies the retention of these teeth, which may be essential for mastication. Efficient mastication is necessary for the proper assimilation of food and until some of the patients can be supplied with dentures they will not reap the full benefit of the augmented diet.

The whole régime of the Sanatorium is conducive to the prevention of decay and this is well shown in the Children’s Ward where, after initial treatment, a high degree of dental fitness is maintained and natural arrest of decay is common.

Some of the patients have in the past taken every care of their teeth, and considerable time is occupied in maintaining the integrity of their mouths with fillings and polishing.

	MEN	WOMEN	CHILDREN
Number Treated	90	75	22
Number of Visits	130	129	38
Extractions under Local Anaesthetic	197	138	25
Fillings	16	11	—
Scaling, Cleaning and Polishing	20	17	—
Other Operations	—	—	—

In conclusion I wish to thank my colleague and assistant, Dr. Galloway, for her valuable assistance with the clinical work of the Institution throughout the year. She has also contributed largely to the success of the social side of the Sanatorium.

To Miss Walmsley, the Matron, and the Staff, I express my thanks for the part they have played throughout the year when at times they were compelled to work under considerable difficulties.

I wish also to thank Mr. Malkin and Dr. Rigby for their valuable work as consultants.

I also express my appreciation of the help of Dr. Wilson and Dr. Nicoll, of Mansfield, who have so willingly assisted me throughout the year with "fever" cases and operation cases, respectively."

BLIND PERSONS ACT, 1920.

The County Council continued during 1932 the arrangements whereby the Blind Persons Act, 1920, is administered through the Royal Midland Institution for the Blind.

Registration.

On 31st December, 1931, there were 349 registered blind persons in the County. During the year 1932 forty-five new names were added to the register, as compared with fifty-three in 1931; there were twenty-seven deaths, as compared with twenty-nine in 1931; seven blind persons left the County, as compared with nine in 1931; and three names were deleted from the register for the reason that, on medical examination, the fact of blindness within the meaning of the Act was not established.

The number on the register on 31st December, 1932, was, therefore 357, showing a net increase of eight during the year, as compared with twelve during 1931.

Medical certification is required before registration by a medical practitioner with special experience in ophthalmology and the new forms of certificate proposed by the Union of Counties' Association for the Blind have been taken into systematic use.

Relief of the Necessitous Blind.

The number of blind persons in receipt of relief on 31st December, 1931, was 157 and at the end of 1932 the number was 156. The amount actually expended on relief during the calendar year was £2,679 19s. 2d. This sum includes £31 10s. 11d. given in special grants.

In pursuance of the declaration made under the Local Government Act, 1929, no blind person was afforded relief otherwise than by way of the Blind Persons Act, except in temporary emergency pending registration.

The "standard income" assured to blind persons under the Council's Relief Scheme is fifteen shillings. This amount is considered low and is in fact lower than that paid by many Authorities.

Consideration was given during the year to the possibility of increasing the amount, but the calls of economy caused a deferment for the time being. I hope circumstances may allow of favourable reconsideration of the question at an early date.

Relief of Dependents of Blind Persons.

The duty of affording relief to blind persons' dependents was referred by the Public Assistance Committee to the Public Health and Housing Committee under Section 6 (3) of the Local Government Act, 1929, who carry out the work through their Blind Persons Act Sub-Committee. Sixteen cases were dealt with during the year at a cost of £443 2s. 3d. Relief payments, as determined monthly by the Blind Persons Act Sub-Committee, are sent direct by post to the dependents.

Home Workers and Workshop Employees.

During 1932 the number of Home Workers whose earnings were augmented by the County Council was increased from fifteen to seventeen at the rate of £46 per annum for each Home Worker and the number of Workshop Employees was increased from ten to thirteen at a cost to the County Council of £40 per annum for each Workshop Employee.

Periodical reports are received from the Supervisor of Home Workers, through the Secretary of the Royal Midland Institution for the Blind, which show that a very real and practical interest is taken in their work and in assisting them in the purchase of materials and the disposal of the made-up articles.

Home Teachers.

There were three Home Teachers at the beginning of the year—namely, Miss Whitfield, Miss Lewis and Miss McDearmid. All three remained on the Staff of the Institution throughout the year.

The number of home visits paid by Home Teachers during 1932 amounted to 3,368, compared with 3,133 in 1931.

Lessons to blind persons were given by the Home Teachers during the year in reading from Braille and Moon types, handicrafts, hand and machine knitting, chair caning and rush seating, straw basket making and pastime occupations.

The Home Teachers conduct social centres at Beeston, Hucknall, Netherfield, Mansfield and Newark which are well attended and very greatly appreciated, affording opportunity for communal gathering of people normally rather lonely by reason of their affliction.

This is but a brief record of the work done for blind persons and it fails to give a picture of the constant personal care which is given by all concerned in their welfare from day to day.

In particular I desire to express my sincere gratitude to the Chairman and Members of the Welfare Committee of the Royal Midland Institution for the Blind and to Mr. Priestley, the Superintendent, and his Staff for their willing and devoted co-operation during the year.

VENEREAL DISEASES.

The County Council provide treatment for Venereal Diseases by means of two Clinics, one at Nottingham and one at Mansfield. Both are *ad hoc* Clinics, that at Mansfield being owned and administered by the County Council and that at Nottingham by the City Council. At the latter County patients are treated by arrangement, the County Council making payment *pro rata*. Dr. J. C. Buckley is in charge at both Clinics and is assisted at Mansfield by Dr. N. C. L. Tweedie and Dr. P. M. Gettleson.

The principal statistics for the year 1932 with regard to persons resident in the County dealt with for the first time under this Scheme are given in the table on page 128, and the table below gives a summary over fifteen years.

NUMBER OF PERSONS RESIDENT IN THE COUNTY DEALT WITH FOR
THE FIRST TIME AT COUNTY CLINICS.

Year	Syphilis	Soft Chancre	Gonorr- hoea	Total Venereal Diseases	Diseases <i>other</i> than Venereal	Total <i>New</i> Cases	Total Attendances <i>all</i> Cases
1918	326	1	229	556	44	600	5,964
1919	467	18	368	853	146	999	13,019
1920	379	11	407	797	91	888	23,863
1921	270	17	245	532	133	665	23,323
1922	153	5	218	376	128	504	20,272
1923	172	10	277	459	92	551	20,988
1924	115	12	309	436	85	521	23,616
1925	160	9	274	443	117	560	23,427
1926	155	5	293	453	138	591	23,559
1927	182	9	410	601	140	741	31,881
1928	142	9	436	587	153	740	35,483
1929	137	9	394	540	132	672	31,600
1930	101	15	408	524	130	654	33,357
1931	105	10	345	460	143	603	34,018
1932	136	5	337	478	165	643	34,089

The last column in this table gives the total attendances during the year made by new and old cases.

It will be observed that the number of persons dealt with for the first time on account of Syphilis is somewhat higher than during last year but is the fourth lowest figure recorded.

The new cases of Gonorrhoea show a decrease of eight.

The figure for " Diseases other than Venereal " shows an increase of eighteen, but this figure has varied but little in the past ten years, indicating that a fairly consistent proportion of persons take the precaution of submitting themselves for examination after having incurred the risk of infection.

The total number of new cases shows an increase of forty compared with the previous year.

The number of attendances (by all current cases) shows a continuous increase for the past four years and generally over the whole period of fifteen years, indicating a growing public recognition of the need to persevere with treatment. At Mansfield there were thirty-five cases of Syphilis and forty-nine of Gonorrhoea who ceased to attend before completion of treatment, and at Nottingham (cases from all areas) 103 cases of Syphilis and 112 of Gonorrhoea.

The following figures abstracted from the fourteenth Annual Report of the Ministry of Health show the relative incidences of Venereal Diseases for the country as a whole, as ascertained by the statistics of Venereal Diseases Centres for the years named.

	1920	1930	1931	1932
Syphilis	40,000	21,492	21,299	20,787
Gonorrhoea	38,000	41,647	39,395	38,500
Soft Chancre	2,000	1,159	1,008	803
Total cases found to be suffering from Venereal Diseases ..	80,000	64,298	61,702	60,090

Comparing 1932 with 1920 there was a reduction of 48.03 per cent. in the cases of Syphilis and of 24.89 per cent. in the total cases of Venereal Diseases.

In-patient treatment for females was provided at Greendale House, Nottingham, the aggregate of in-patient days being seventy-two, compared with 136 in 1931 and 276 in 1930.

Laboratory examinations were carried out during the year as follows :—

	City Laboratory.	Mansfield Centre.
Wassermann Reactions	1,377	—
Examinations for Spirochaetes	82	61
Examinations for Gonococci	1,267	848
Other examinations	88	—

Refund of the cost of travelling was provided for patients unable to bear the cost to the amount of £35 13s. 4½d.

The following table has been brought up-to-date to include additional arrangements made during the year 1933 at the Mansfield Centre.

Table of Venereal Diseases Treatment Centres.

NOTTINGHAM, 35 North Church Street, Nottingham.

This Centre is open daily for both males and females from 9 a.m. to 8 p.m., with the exception of Saturday, when it is closed from 1 p.m. to 6 p.m.

A Medical Officer is in attendance at the following sessions :—

MALES.					FEMALES.				
	a.m.		p.m.			a.m.		p.m.	
	From	To	From	To		From	To	From	To
Monday ..	10.0	12.0	6.0	8.0	Tuesday ..	..	..	5.0	7.0
Wednesday ..	..	..	6.0	8.0	Wednesday ..	10.0	12.0	..	..
Thursday ..	..	..	6.0	8.0	Thursday ..	10.0	12.0	..	..
Saturday ..	10.0	12.0	..	..	Friday ..	..	..	6.0	8.0

MANSFIELD, West Hill House, Mansfield.

A Medical Officer is in attendance at the following sessions :—

MALES.					FEMALES.				
	a.m.		p.m.			a.m.		p.m.	
	From	To	From	To		From	To	From	To
Tuesday ..	10.0	12.0	..	..	Tuesday ..	..	..	2.0	4.0
Thursday ..	..	..	6.0	8.0	Wednesday ..	..	..	6.0	8.0

Other sessions at which a Medical Officer is not present are as follows :—

MALES.					FEMALES.				
IRRIGATION CLINIC.					INTERMEDIATE CLINIC.				
	a.m.		p.m.			a.m.		p.m.	
	From	To	From	To		From	To	From	To
Daily ..					Monday ..	..	..	1.30	4.30
Monday to Friday ..	10.0	1.0	6.0	8.0	.. ..	..	..	6.0	8.0
					Wednesday ..	..	..	1.30	4.30
					Thursday ..	..	..	1.30	5.30
Saturday ..	10.0	1.0	4.0	6.0	Friday ..	..	..	1.30	4.30
					..	..	..	6.0	8.0

Abstract relating to persons treated at the Venereal Diseases Treatment Centres during 1932.

	MANSFIELD.		NOTTING- HAM.	GREENDALE HOUSE, NOTTINGHAM.	TOTAL.
	Notts. Cases.	Other Districts.			
A. Number of persons dealt with for the first time and found to be suffering from—					
Syphilis	57	18	79	—	154
Soft Chancre	2	2	3	—	7
Gonorrhoea	165	22	169	3	359
Conditions other than Venereal ..	91	17	68	6	182
TOTALS ..	315	59	319	9	702
B. Attendances	17,689	2,351	15,688	712	36,440
C. Aggregate In-patient Days ..	—	—	—	72	72
D. Number of doses of Salvarsan Substitutes given to Out-patients and In-patients	1,111	237	1,268	17	2,633

HEALTH INSTRUCTION.

Propaganda.

As in previous years lectures arranged in conjunction with the Rural Community Council have been given by members of the Staff of my Department in many areas to adult organisations.

Courses of instruction have also been given extending over several weeks on such subjects as "Home Nursing" and "First Aid," particularly to juvenile organisations such as Girl Guide Troops.

At the Child Welfare Centres short lectures and demonstrations are given systematically to mothers by the Health Visitors in charge.

Instruction is regarded as the fundamental work of Child Welfare Centres and at each there are always available pamphlets and booklets on the many aspects of mothercraft.

Instruction in dental hygiene forms a prominent part of the Dental Treatment Scheme of the School Medical Service, both by formal lectures and informal talks, and use has been made of the excellent instructional pamphlets supplied by the Dental Board.

"BETTER HEALTH." During the year a County issue of "Better Health" was started, as recorded in detail in my introductory statement.

* * * *

As far as possible, in writing this Report, I have recorded the work and progress strictly related to the year under review.

I have to acknowledge valuable co-operation during the year from many sources; in particular I owe gratitude to the Clerk of the County Council and to the Heads of other Departments of the County Council Service, to the leaders and officers of Voluntary endeavour, to many professional colleagues in the City and County, and to the District Medical Officers of Health and their Staffs.

A year's work full of incident has been rendered possible by the loyal service given by my Staff, both indoor and outdoor, and I desire to express my thanks for assistance rendered in the preparation of detailed matter for this Report.

To the Chairmen and Members of my many Committees I tender my sincere thanks for their continued confidence and support.

I am, My Lords, Ladies and Gentlemen,

Your obedient servant,

CHRISTOPHER TIBBITS.



STATISTICAL TABLES.

■

Table 1. NOTTINGHAMSHIRE. Vital Statistics for the Year 1932.
BOROUGH AND URBAN DISTRICTS.

BOROUGH AND URBAN DISTRICTS.	Area in Acres exclusive of area covered by Water.	Persons per Acre.	Families or separate Occupiers at Census 1931.	Persons per Family at Census 1931.	Population, 1931.	Population estimated to the middle of 1932.	Births.		Deaths under 1 year of age.		Net Deaths at all Ages belonging to the District.	Net Death Rate, i.e., Death Rate corrected for "Transferable" Deaths.	Death Rate from Pulmonary Tuberculosis per 1,000 of population.	Death Rate from ALL Tuberculous Diseases per 1,000 of population.
							Number.	Rate.	Number.	Rate per 1,000 Births Reg'd.				
MANSFIELD (Borough)	7,208	6.4	11,083	4.0	46,077	46,180	692	14.9	49	70	468	10.1	0.41	0.58
WORKSOP (Borough)	17,930	1.5	6,320	4.1	26,285	26,680	456	17.1	25	54	273	10.2	0.67	0.82
NEWARK (Borough)	1,899	9.5	4,767	3.6	18,060	18,160	312	17.2	24	76	213	11.7	0.88	1.16
EAST RETFORD (Borough)	4,498	3.2	3,677	3.7	14,229	14,400	247	17.1	20	80	220	15.3	0.55	0.62
ARNOLD ..	4,612	3.2	3,816	3.8	14,470	15,010	227	15.1	13	57	163	10.8	0.53	0.67
BEESTON ..	1,586	10.4	4,256	3.7	16,017	16,590	322	19.4	10	31	147	8.9	0.78	0.96
CARLTON ..	1,400	16.0	5,783	3.8	22,325	22,410	348	15.5	19	54	219	9.8	0.36	0.49
EASTWOOD ..	940	5.9	1,304	4.1	5,360	5,579	111	19.9	8	72	58	10.4	0.00	0.18
HUCKNALL ..	3,270	5.3	4,390	3.9	17,338	17,410	302	17.3	18	59	162	9.3	0.75	0.80
HUTHWAITE ..	1,199	4.2	1,204	4.2	5,092	5,101	85	16.7	8	90	45	8.8	0.39	0.59
KIRKBY-IN-ASHFIELD ..	5,814	3.1	4,388	4.0	17,797	18,190	329	18.1	29	88	198	10.9	0.38	0.49
MANSFIELD WOODHOUSE	4,834	2.9	3,363	4.1	13,721	14,030	254	18.1	23	90	150	10.7	0.85	0.93
SUTTON-IN-ASHFIELD ..	4,855	5.2	6,209	4.0	25,153	25,370	446	17.6	29	65	268	10.6	0.63	0.75
WARSOP ..	5,728	1.9	2,427	4.4	10,749	10,830	228	21.0	15	65	93	8.6	0.55	0.92
WEST BRIDGFORD ..	1,123	16.0	5,145	3.4	17,822	18,060	168	9.3	7	41	194	10.7	0.44	0.55
Totals for Urban Districts ..	66,896	4.1	68,132	3.9	270,495	274,000	4,527	16.5	297	65	2,871	10.5	0.56	0.71

Table II. NOTTINGHAMSHIRE. Vital Statistics for the Year 1932.

RURAL DISTRICTS.

RURAL DISTRICTS.	Area in Acres exclusive of area covered by Water.	Persons per Acre.	Families or separate Occupiers at Census 1931.	Persons per Family at Census 1931.	Population, Census, 1931.	Population estimated to the middle of 1932.	Births.		Deaths under 1 year of age.		Net Deaths at all Ages belonging to the District.	Net Death Rate, i.e., Death Rate corrected for "Transferable" Deaths.	Death Rate from Pulmonary Tuberculosis per 1,000 of population.	Death Rate from ALL Tuberculous Disease per 1,000 of population.
							Number.	Rate.	Number.	Rate per 1,000 Births Reg'd.				
BASFORD	..	0.88	13,443	3.9	52,114	54,760	902	16.5	61	67	546	9.9	0.47	0.53
BINGHAM	..	0.23	3,925	3.6	15,292	15,510	204	13.1	11	53	175	11.3	0.26	0.26
WORKSOP	..	0.51	3,348	4.3	14,555	14,460	299	20.7	20	66	129	8.9	0.21	0.28
EAST REFORD	..	0.17	3,835	3.7	15,583	15,540	221	14.2	15	67	200	12.9	0.51	0.71
LEAKE	..	0.23	1,175	3.6	4,440	4,592	66	14.4	3	45	52	11.3	0.22	0.43
MISTERTON	..	0.28	1,075	3.6	3,923	3,956	45	11.4	3	66	52	13.1	1.26	1.77
NEWARK	..	0.26	2,471	3.7	9,354	9,468	148	15.6	8	54	111	11.7	0.32	0.53
SKEGBY	..	1.13	3,036	4.2	13,041	13,510	303	22.4	24	79	125	9.2	0.67	0.74
SOUTHWELL	..	0.27	8,016	3.9	32,076	32,630	602	18.4	36	59	317	9.7	0.37	0.49
STAPLEFORD	..	2.71	3,347	3.8	13,053	13,170	216	16.4	20	92	135	10.2	0.38	0.61
SHIRE HALL	1	4.0	4	4	1	..	..	..	..	..	..	..
Totals for Rural Districts	..	0.38	43,672	3.9	173,435	177,600	3,007	16.9	201	66	1,842	10.4	0.43	0 54

TABLE III.

NOTTINGHAMSHIRE. Vital Statistics for the Year 1932.
WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres.	Persons per Acre.	Families or Separate Occupiers at Census 1931.	Persons per Family at Census 1931.	Population, Census, 1931.	Estimated Population 1932.	Births.		Deaths under 1 year.		Nett Deaths.	*Nett Death Rate.	*Death Rate from Pulmonary Tuberculosis.	*Death Rate from ATL Tuberculous Diseases.
							Number.	*Rate.	Number.	Rate per 1,000 Births.				
URBAN DISTRICTS	66,896	4.1	68,132	3.9	270,495	274,000	4,527	16.5	297	65	2,871	10.5	0.56	0.71
RURAL DISTRICTS	454,165	0.38	43,672	3.9	173,435	177,600	3,007	16.9	201	66	1,842	10.4	0.43	0.54
WHOLE ADMINISTRATIVE COUNTY	521,061	0.86	111,804	3.9	443,930	451,600	7,534	16.7	498	66	4,713	10.4	0.51	0.64

*Rate calculated per 1,000 of the Estimated Population.

TABLE IV.

Causes of Death during the Year 1932.

URBAN DISTRICTS.

DISTRICTS.	Typhoid and Paratyphoid Fevers.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-spinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	General Paralysis of the Insane, Tabes Dorsalis.	Cancer, Malignant Disease.	Diabetes.	Cerebral Haemorrhage, &c.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases	Peptic Ulcer.	Diarrhoea, &c. (under two years.)	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver &c.	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Debility, Premature Birth, Malformations, &c.	Senility.	Suicide.	Other Violence.	Other Defined Diseases.	Causes Ill-defined or Unknown.	All Causes.	
MANSFIELD (Borough)	..	8	2	4	2	24	..	4	19	8	2	2	54	11	25	83	..	12	13	39	6	2	3	..	..	..	2	14	11	1	3	25	31	3	21	29	5	468
WORKSOP (Borough)	1	..	..	..	..	6	1	4	18	4	..	2	34	4	16	39	..	16	14	19	3	2	1	5	..	..	2	11	4	..	2	20	8	4	11	22	..	273
NEWARK (Borough)	..	4	..	5	..	11	2	..	16	5	1	2	17	3	4	48	..	17	4	8	2	1	2	2	1	1	1	6	5	..	1	7	4	2	11	21	..	213
EAST RETFORD (Borough)	..	4	..	2	..	5	..	1	8	1	1	1	29	2	17	18	..	17	3	30	3	2	2	1	..	..	..	3	8	..	2	6	19	4	10	21	..	220
ARNOLD	..	..	..	..	..	..	..	..	8	2	2	1	31	1	7	30	..	6	9	9	..	1	3	..	1	1	1	6	3	..	..	10	7	..	8	14	3	163
BEESTON	..	..	..	1	..	1	1	..	13	3	..	1	19	..	14	21	..	10	5	16	4	1	..	2	..	..	..	3	4	..	..	4	5	1	6	8	4	147
CARLTON	1	1	..	..	..	5	..	..	8	3	..	1	30	3	23	41	..	8	4	20	4	2	4	..	1	1	1	7	5	..	1	5	13	3	11	14	..	219
EASTWOOD	..	..	..	2	..	1	..	1	..	1	1	..	8	1	4	7	..	1	4	2	..	1	1	..	1	..	..	1	1	..	1	4	3	1	2	9	1	58
HUCKNALL	1	..	..	2	1	5	..	..	13	1	..	1	17	1	16	25	..	5	18	11	2	..	1	1	1	1	1	3	2	1	..	9	4	..	8	11	2	162
HUTHWAITE	..	..	..	..	..	..	..	..	2	1	..	..	5	..	6	8	..	1	2	6	..	..	..	..	..	..	..	2	1	..	..	5	3	..	..	3	..	45
KIRKBY-IN-ASHFIELD	..	..	..	5	..	5	..	3	7	2	..	..	17	7	5	34	1	11	11	23	2	1	2	2	2	2	1	8	1	2	2	9	6	3	7	18	3	198
MANSFIELD WOODHOUSE	..	5	..	1	..	9	..	..	12	1	..	..	12	4	11	18	1	2	16	15	1	4	..	1	1	1	1	4	1	1	..	11	8	1	4	5	1	150
SUTTON-IN-ASHFIELD	2	..	..	2	2	5	..	3	16	3	2	2	25	3	28	34	1	10	12	14	1	4	..	..	..	..	..	10	7	..	..	23	20	4	10	23	2	268
WARSOP ..	..	1	..	..	1	1	..	3	6	4	1	..	11	..	6	7	..	4	4	3	1	..	1	1	..	..	..	1	2	..	1	10	6	..	8	10	..	93
WEST BRIDGFORD	..	..	..	1	..	5	1	1	8	2	..	1	23	1	16	43	..	6	9	11	4	2	..	1	1	1	1	2	5	..	1	7	11	3	14	13	1	194
Totals	5	23	2	25	6	83	5	20	154	41	10	14	332	41	198	456	3	126	128	226	33	23	19	17	4	11	81	60	5	14	155	148	29	131	221	22	2871	

TABLE V.

Causes of Death during the Year 1932.

RURAL DISTRICTS.

DISTRICTS.	Typhoid and Paratyphoid Fevers.		Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-spinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	General Paralysis of the Insane, Tabes Dorsalis.	Cancer, Malignant Disease.	Diabetes.	Cerebral Haemorrhage, &c.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases	Peptic Ulcer.	Diarrhoea, &c. (under two years.)	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, &c.	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Debility, Premature Birth, Malformations, &c.	Senility.	Suicide.	Other Violence.	Other Defined Diseases.	Causes Ill-defined or Unknown.	All Causes.		
	1	4	5	16	1	5	26	3	..	1	59	7	49	98	3	20	17	40	7	2	2	2	2	2	17	19	..	2	40	33	5	21	34	7	546
BASFORD	1	4	5	16	1	5	26	3	..	1	59	7	49	98	3	20	17	40	7	2	2	2	2	2	17	19	..	2	40	33	5	21	34	7	546
BINGHAM	..	1	..	..	..	..	5	..	..	4	..	..	1	23	3	20	43	..	7	3	11	..	..	2	1	3	1	..	2	8	..	..	5	4	2	11	14	1	175
WORKSOP	4	..	..	..	5	..	5	3	1	..	1	9	1	7	15	..	5	13	10	..	..	1	2	..	..	1	3	3	..	1	10	5	1	11	12	..	129	
EAST RETFORD	2	..	14	1	..	8	3	..	..	26	3	16	32	..	12	11	7	..	..	..	1	..	3	1	6	11	..	1	9	11	..	6	14	2	200	
LEAKE	1	..	5	..	..	1	1	..	1	7	1	2	8	..	3	3	2	..	..	..	1	..	..	1	1	1	..	1	..	6	..	2	4	1	52	
MISTERTON	4	..	..	5	2	..	..	6	..	3	12	..	4	1	..	1	..	..	..	..	..	1	..	4	..	..	2	..	1	3	3	..	52	
NEWARK	2	..	5	3	2	1	..	17	2	5	19	..	8	6	1	1	1	1	..	2	5	6	..	1	5	6	3	5	5	..	111
SKEGBY	1	..	1	..	3	9	1	1	..	10	2	13	20	..	5	5	14	1	1	1	1	1	..	2	1	..	1	16	2	1	5	7	2	125
SOUTHWELL	1	..	4	..	6	1	..	12	4	1	1	35	2	16	66	1	25	12	17	5	2	2	1	..	..	3	11	9	1	..	22	12	4	16	27	..	317	
STAPLEFORD	1	3	5	3	10	..	10	26	..	4	9	9	1	3	1	1	1	1	..	1	3	5	..	2	11	9	1	3	14	..	135
TOTALS	..	1	5	1	14	6	64	3	13	76	20	3	5	202	21	141	339	4	93	80	111	16	11	9	9	9	5	8	50	66	1	9	120	88	18	83	134	13	1842	

TABLE VI. Causes of Death at Different Periods of Life in the Administrative County of Nottingham, 1932.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.													AGGREGATE OF RURAL DISTRICTS.													Total for Co'ty
		All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—			
ALL CAUSES ..	M	1482	164	34	25	39	81	67	92	151	242	303	284	971	116	21	16	25	38	39	66	82	134	213	221	4713		
	F	1389	133	39	27	31	58	82	84	127	218	271	319	871	85	11	10	16	35	31	51	74	122	183	253			
Typhoid and Para-typhoid Fevers ..	M	2	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	6	
	F	3	..	..	..	1	1	..	..	..	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Measles ..	M	14	4	4	3	3	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	28	
	F	9	4	3	1	1	..	..	..	..	..	..	..	4	..	..	1	3	..	..	..	..	..	..	..
Scarlet Fever ..	M	1	..	..	..	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	3	
	F	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	M	8	4	1	3	..	..	..	..	..	..	..	..	6	5	..	1	..	..	..	..	..	..	..	39	
	F	17	8	5	4	..	..	..	..	..	..	..	..	8	5	2	1	..	..	..	..	..	..	..	..
Diphtheria ..	M	3	..	1	2	..	..	..	..	..	..	..	..	3	..	..	1	2	..	..	..	..	..	..	12	
	F	3	..	..	1	2	..	..	..	..	..	..	..	3	..	..	..	3	..	..	..	..	..	..	..
Influenza ..	M	43	6	..	..	2	5	3	2	6	8	7	4	31	2	1	1	..	1	1	4	4	7	7	3	147
	F	40	2	1	..	..	..	5	1	4	6	11	10	33	1	2	..	1	..	1	5	1	2	7	13	
Encephalitis Lethargica	M	1	..	..	..	..	..	1	..	..	..	..	..	2	..	..	..	..	..	..	1	..	..	1	..	8
	F	4	..	..	..	1	1	..	..	1	1	..	..	1	..	..	..	..	..	..	..	1	..	..	..
Cerebro-spinal Fever	M	11	1	..	..	2	4	2	2	..	..	..	..	12	2	2	2	3	1	..	1	..	1	..	..	33
	F	9	1	1	..	1	2	2	1	1	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..
Tuberculosis of Res- piratory System ..	M	86	..	..	..	1	20	11	18	21	12	2	1	42	..	1	..	1	5	6	18	4	5	2	..	230
	F	68	..	..	1	1	23	25	5	10	2	..	1	34	..	..	..	1	14	6	6	4	2	1	..	
Other Tuberculous Diseases ..	M	16	3	1	2	3	3	2	1	1	..	..	..	13	1	..	..	2	3	3	..	2	2	..	..	61
	F	25	2	1	5	3	4	2	3	2	2	..	1	7	1	..	1	2	..	1	1	..	..	1	..	
Syphilis ..	M	6	..	..	..	..	..	1	..	2	1	2	..	2	1	..	..	..	..	1	..	..	..	..	..	13
	F	4	1	..	..	..	..	..	..	1	2	..	..	1	..	..	..	..	..	..	..	1	..	..	..
General Paralysis of the Insane, Tabes Dorsalis	M	11	..	..	..	..	..	..	5	1	2	3	..	4	..	..	..	..	..	3	1	..	..	..	..	19
	F	3	..	..	..	..	..	..	3	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Cancer, Malignant Disease ..	M	150	..	..	..	1	3	..	6	21	51	50	18	110	..	..	..	..	2	5	14	27	43	19	..	534
	F	182	..	..	..	1	2	4	16	39	59	33	28	92	..	..	..	..	2	5	13	29	27	16	..	
Diabetes ..	M	11	..	..	..	..	..	2	..	1	2	6	..	11	..	..	..	2	..	1	..	2	3	3	..	62
	F	30	..	..	..	..	..	..	2	2	10	10	6	10	..	..	..	..	1	..	1	3	2	3	..	
Cerebral Haemorrhage, etc. ..	M	78	..	..	..	..	1	2	1	7	12	21	34	54	..	..	..	..	..	1	4	10	22	17	..	339
	F	120	..	..	..	..	..	..	2	7	30	45	36	87	..	..	..	..	..	1	7	13	28	38	..	
Heart Disease ..	M	240	..	..	1	1	2	3	6	11	61	88	67	161	..	..	..	2	2	..	4	15	26	60	52	795
	F	216	..	..	..	3	2	5	10	19	42	67	68	178	1	..	..	..	2	4	6	22	34	53	56	
Aneurysm ..	M	2	..	..	..	..	..	..	..	1	1	..	..	4	..	..	..	..	..	2	..	1	..	1	..	7
	F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Circulatory Diseases ..	M	69	..	..	..	..	1	..	..	..	6	28	34	58	1	..	..	..	1	1	..	2	8	17	28	219
	F	57	..	..	..	..	..	..	1	2	8	23	23	35	..	..	..	..	1	1	..	4	10	20	..	
Bronchitis ..	M	68	13	2	..	1	1	1	5	4	11	14	16	40	5	1	1	1	..	1	1	1	2	4	23	208		
	F	60	3	1	..	..	..	1	4	3	11	10	27	40	8	..	1	..	1	..	1	3	4	22	..	
Pneumonia (all forms)	M	116	18	19	4	5	5	5	11	13	9	13	14	64	13	9	4	..	1	1	7	5	9	8	7	337		
	F	110	25	21	9	2	..	6	7	7	8	14	11	47	13	4	..	..	1	2	4	3	6	4	10	
Other Respiratory Diseases ..	M	22	1	1	..	..	2	4	..	6	5	3	..	8	..	..	..	..	..	1	4	..	..	3	..	49
	F	11	1	..	..	1	..	..	1	3	1	2	2	8	..	..	..	1	..	2	1	..	2	2		



TABLE VII. NOTTINGHAMSHIRE. Abstract of Vital Statistics.

Year.	Estimated Population at the <i>middle</i> of the year.	Excess of Births over Deaths.	Persons per Acre.	Separate Families.	Persons per Family.	Registered Births.	Births per 1,000 of the Population.	Deaths under 1 year per 1,000 Births.	Nett Deaths.	Nett Death Rate per 1,000 of the Population.
1897	256,667	4071	.50	..	..	8186	31.8	152	4115	16.0
1898	261,224	3930	.50	..	..	8117	31.0	151	4187	16.0
1899	265,952	3891	.51	..	..	8266	31.0	161	4375	16.4
1900	270,862	3675	.52	..	..	8292	30.6	160	4617	17.0
1901	275,971	4497	.53	59,114	4.6	8636	31.3	145	4139	14.9
1902	282,563	4804	.54	..	..	8920	31.5	138	4116	14.5
1903	289,001	4926	.55	..	..	9072	31.3	134	4146	13.9
1904	295,586	5086	.56	..	..	9379	31.7	139	4293	14.1
1905	302,321	4389	.57	..	..	8880	29.3	126	4491	14.8
1906	309,209	4849	.59	..	..	9088	29.3	121	4239	13.7
1907	316,355	4412	.60	..	..	8962	28.3	127	4550	14.3
1908	323,461	5358	.62	..	..	9818	30.3	119	4460	13.7
1909	330,831	5316	.63	..	..	9740	29.4	106	4424	13.3
1910	338,937	5223	.64	..	..	9554	28.2	110	4331	12.7
1911	345,930	4903	.66	76,236	4.5	9453	27.3	125	4550	13.1
1912	355,046	5007	.68	..	..	9213	25.9	93	4206	11.8
1913	362,307	4934	.69	..	..	9369	25.8	101	4435	12.2
1914	367,617	4845	.70	..	..	9541	25.9	107	4696	12.7
1915	353,193	3775	.67	..	..	8843	25.0	112	5068	14.3
1916	344,501	4126	.66	..	..	8567	22.8	95	4441	12.8
1917	344,822	3372	.66	..	..	7589	19.7	95	4217	12.2
1918	339,456	1725	.65	..	..	7742	20.3	100	6017	17.7
1919	366,331	2948	.70	..	..	7507	19.6	95	4559	12.4
1920	380,928	5667	.73	..	..	9836	25.8	85	4169	10.9
1921	381,969	4774	.73	85,646	4.4	9187	24.1	86	4413	11.5
1922	386,130	4177	.74	..	..	8316	21.5	69	4139	10.7
1923	388,019	3763	.74	..	..	8023	20.6	77	4260	11.0
1924	391,700	3715	.75	..	..	8085	20.6	79	4370	11.2
1925	393,400	3373	.75	..	..	7921	20.1	77	4548	11.6
1926	398,900	3310	.75	..	..	7739	19.4	73	4429	11.1
1927	408,100	2984	.78	..	..	7613	18.6	69	4629	11.3
1928	422,700	3549	.81	..	..	7941	18.8	64	4392	10.4
1929	429,300	2242	.82	..	..	7517	17.5	76	5095	11.8
1930	439,400	3261	.84	..	..	7746	17.6	62	4485	10.2
1931	447,900	2617	.86	111,804	3.9	7695	17.2	72	5078	11.3
1932	451,600	2821	.86	..	..	7534	16.7	66	4713	10.4
For Comparison—										
1932	England and Wales	..	..	..	..	..	15.3	65	..	12.0
	118 County Boroughs and Great Towns including London	..	..	..	..	..	15.4	69	..	11.8
	126 Smaller Towns	..	..	..	..	..	15.4	58	..	10.8
	LONDON	..	..	..	..	..	14.2	66	..	12.3

INFECTIOUS DISEASES.

TABLE VIII. NOTTINGHAMSHIRE. Cases of Infectious Diseases notified during the Year 1932. BOROUGHS AND URBAN DISTRICTS.

BOROUGHS & URBAN DISTRICTS.	Small Pox.	Diphtheria (including Membranous Group).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Dysentery.	Pneumonia.	Malaria.	Acute Poliomyelitis.	Acute Polioencephalitis.	Puerperal Pyrexia.	TOTAL.
MANSFIELD (Borough)	..	51	9	105	5	2	8	..	7	59	20	..	58	..	1	..	1	326
WORKSOP (Borough)	11	6	16	..	2	5	..	3	25	12	..	31	..	..	..	..	111
NEWARK (Borough)	5	..	35	1	1	..	1	2	13	8	..	..	..	..	..	1	67
EAST RETFORD (Borough)	..	5	7	7	..	2	7	..	1	13	6	..	63	..	2	..	2	115
ARNOLD	9	..	..	..	..	..	12	2	..	11	..	..	..	..	34
BEESTON	9	3	65	2	..	..	..	1	15	3	..	13	..	..	..	..	111
CARLTON	16	14	25	1	..	..	..	1	22	4	..	28	..	..	..	..	111
EASTWOOD	2	3	5	..	..	..	..	1	7	2	..	2	..	..	..	..	22
HUCKNALL	20	16	115	5	..	5	..	3	19	6	..	53	..	..	..	7	249
HUTHWAITE	1	4	..	1	..	..	2	1	..	18	..	..	..	..	27
KIRKBY-IN-ASHFIELD	..	3	7	30	..	..	6	..	2	26	6	..	48	..	..	..	3	131
MANSFIELD WOODHOUSE	..	2	5	25	1	..	1	..	2	20	7	..	17	..	..	..	..	80
SUTTON-IN-ASHFIELD	..	28	12	15	2	..	6	..	2	37	11	..	25	..	..	..	2	140
WARSOP	9	1	4	1	..	8	..	1	10	6	1	7	..	1	..	2	51
WEST BRIDGFORD	3	8	25	..	..	1	..	..	12	1	..	13	..	..	..	..	63
TOTALS	..	164	91	482	22	7	48	1	26	292	95	1	387	..	4	..	18	1638

TABLE IX. NOTTINGHAMSHIRE. Cases of Infectious Diseases Notified during the Year 1932.

RURAL DISTRICTS.

RURAL DISTRICTS.	Small Pox.	Diphtheria (including Membranous Group).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Dysentery.	Pneumonia.	Malaria.	Acut Poliomyelitis.	Acute Polioencephalitis.	Puerperal Pyrexia.	TOTAL.
BASFORD	..	35	18	80	2	..	10	2	6	36	13	..	41	..	..	..	5	248
BINGHAM	..	2	1	19	9	..	..	..	1	12	3	1	15	..	..	..	1	64
WORKSOP	..	14	..	15	..	..	6	..	..	13	15	..	28	..	..	..	3	94
EAST RETFORD	..	4	1	8	..	..	..	..	1	10	9	..	31	..	..	..	1	65
LEAKE	2	6	..	..	..	..	..	2	1	2	4	..	..	..	1	18
MISTERTON	5	4	..	..	..	..	1	6	3	..	11	..	..	..	..	30
NEWARK	3	12	..	..	..	..	..	9	1	..	1	..	..	..	1	27
SKEGBY	..	11	1	8	1	..	5	..	..	16	3	..	21	..	..	..	..	66
SOUTHWELL	8	29	1	2	2	..	5	23	8	1	23	..	..	..	3	105
STAPLEFORD	..	3	15	13	6	..	..	..	2	7	5	..	20	..	..	..	1	72
TOTALS	..	69	54	194	19	2	23	2	16	134	61	4	195	..	..	..	16	789

TABLE X.

PULMONARY TUBERCULOSIS—DEATHS, 1932.

TABLE showing Stage of Disease when first examined by Tuberculosis Officer and period which elapsed between such examination and death.

Stage of Disease when first seen.	PERIOD WHICH ELAPSED BETWEEN FIRST EXAMINATION AND DEATH.														Total No. of deaths in each stage.		Percentage of deaths in each stage.
	0—1 month	1—2 months	2—3 months	3—4 months	4—5 months	5—6 months	6—9 months	9—12 months	1—2 years	2—3 years	3—4 years	4—5 years	over 5 years				
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F			
Sputum—Not obtainable	3 —	— —	— 1	— 1	2 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	5 2	3.9%	
Class T.B. minus	1 1	— —	— 2	— —	1 —	— —	— 3	— —	4 1	1 —	1 —	— —	1 3	9 10	10.7%		
Class T.B.+ Group 1	— —	— —	— —	— —	— —	1 —	— —	— —	1 1	1 1	— —	— —	2 1	5 3	4.5%		
Class T.B.+ Group 2	— —	— —	1 2	— —	— —	3 —	4 2	2 4	12 8	2 3	4 3	2 2	2 3	32 27	33.1%		
Class T.B.+ Group 3	6 3	5 6	4 2	2 3	2 1	2 1	4 3	1 —	11 10	2 2	4 3	— 1	3 4	46 39	47.8%		
Total No. of deaths in each period	10 4	5 6	5 7	2 4	5 1	6 1	8 8	3 4	28 20	6 6	9 6	2 3	8 11	97 81	..		
Percentage of deaths in each period	7.9%	6.2%	6.7%	3.4%	3.4%	3.9%	9.0%	3.9%	27.0%	6.7%	8.4%	2.8%	10.7%	..	..

TABLE X (a).

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of Notifications during the period from the 3rd January, 1932, to the 31st December, 1932, in the area of the County of Nottingham.

Age Periods.	FORMAL NOTIFICATIONS												Total Notifications.
	Number of Primary Notifications of new cases of Tuberculosis												
	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total (all ages).	
Pulmonary Males ..	—	4	24	12	26	31	40	35	18	22	3	215	228
Pulmonary Females ..	—	2	23	12	36	38	45	23	19	5	4	207	217
Non-Pulmonary Males ..	—	14	18	14	13	7	3	2	2	—	—	73	75
Non-Pulmonary Females	2	14	16	22	4	8	6	8	—	—	2	82	83

TABLE X (b).

SUPPLEMENTAL RETURN.

NEW cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 3rd January, 1932, to the 31st December, 1932.

OTHERWISE than by Notification.

Age periods.	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total.
Pulmonary Males ..	—	—	—	—	3	2	6	1	3	3	—	18
Pulmonary Females ..	—	2	—	4	4	5	3	2	3	—	—	23
Non-Pulmonary Males ..	2	—	—	1	2	—	1	—	2	—	—	8
Non-Pulmonary Females ..	—	1	1	—	2	—	1	—	—	—	—	5
Source of Information.												
NUMBER OF CASES.												
Pulmonary.												
Non-Pulmonary.												
Death Returns { from local Registrars .. .. .	..	..	..	..	..	..	..	..	..	5	3	3
transferable deaths from Registrar General .. .. .	..	..	..	..	..	..	..	..	..	7	7	7
Posthumous notifications.. .. .	..	..	..	..	..	..	..	..	..	—	—	—
“ Transfers ” from other areas (other than transferable deaths) .. .. .	..	..	..	..	..	..	..	..	..	27	3	3
Other Sources if any { House Surgeon, Children’s Hospital, Nottingham, 1 and } .. .. .	..	..	..	..	..	..	..	..	..	2	—	—
Bacteriological Report submitted by a General Practitioner 1 } .. .. .	..	..	..	..	..	..	..	..	..	—	—	—

TABLE X (c).**Deaths from Tuberculosis.**

Year.	Deaths from Pulmonary Tuberculosis.	Deaths from other Tubercu- lous Diseases.
1923	267	105
1924	286	70
1925	229	68
1926	221	91
1927	273	57
1928	248	70
1929	262	81
1930	285	60
1931	275	71
1932	230	61

TABLE X (d).**Death-Rate from Pulmonary Tuberculosis per 1,000 of the
Population,**

Year.	Whole County.	Urban Districts.	Rural Districts.
1923	0.69	0.73	0.61
1924	0.73	0.76	0.68
1925	0.58	0.59	0.57
1926	0.55	0.60	0.47
1927	0.67	0.72	0.58
1928	0.59	0.61	0.54
1929	0.61	0.63	0.56
1930	0.65	0.75	0.48
1931	0.61	0.67	0.52
1932	0.51	0.56	0.43

TABLE X (e).

Death-Rate from all OTHER Tuberculous Diseases (excluding Tuberculosis of the Lungs) per 1,000 of the Population.

Year.	Whole County.	Urban Districts.	Rural Districts.
1923	0.27	0.28	0.26
1924	0.18	0.20	0.14
1925	0.17	0.19	0.14
1926	0.23	0.26	0.18
1927	0.14	0.15	0.11
1928	0.17	0.17	0.15
1929	0.19	0.18	0.17
1930	0.14	0.15	0.11
1931	0.16	0.18	0.13
1932	0.13	0.15	0.11

TABLE X (f).

Death-rate from ALL Tuberculous Diseases (including Tuberculosis of the Lungs) per 1,000 of the Population.

Year.	Whole County.	Urban Districts.	Rural Districts.
1923	0.96	1.01	0.87
1924	0.91	0.96	0.82
1925	0.75	0.78	0.71
1926	0.78	0.86	0.65
1927	0.80	0.87	0.70
1928	0.75	0.78	0.69
1929	0.80	0.81	0.73
1930	0.79	0.91	0.59
1931	0.77	0.85	0.65
1932	0.64	0.71	0.54

TABLE X(g).
**PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS,
1930.**

Number of cases of Tuberculosis remaining on the Registers of Notifications kept by District Medical Officers of Health in the County on the 31st December, 1932.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
3,244	1,194	1,249	2,443	412	389	801

TABLE X(h).
TUBERCULOSIS—Year 1932.

URBAN DISTRICTS.	Deaths from Pulmonary Tuberculosis.	Deaths from other Tuberculous Diseases.	Death-rate per 1,000 of the population from Pulmonary Tuberculosis.	Death-rate per 1,000 of the population from other Tuberculous Diseases.	Death-rate per 1,000 of the population from all Tuberculous Diseases.	Patients admitted into Ransom Sanatorium.
Mansfield (Borough) ..	19	8	0.41	0.17	0.58	39
Worksop (Borough) ..	18	4	0.67	0.15	0.82	17
Newark (Borough) ..	16	5	0.88	0.27	1.16	17
East Retford (Borough)	8	1	0.55	0.07	0.62	8
Arnold	8	2	0.53	0.13	0.67	11
Beeston	13	3	0.78	0.18	0.96	7
Carlton	8	3	0.36	0.13	0.49	15
Eastwood	—	1	—	0.18	0.18	6
Hucknall	13	1	0.75	0.06	0.80	14
Huthwaite	2	1	0.39	0.19	0.59	—
Kirkby-in-Ashfield ..	7	2	0.38	0.11	0.49	20
Mansfield Woodhouse	12	1	0.85	0.07	0.93	14
Sutton-in-Ashfield ..	16	3	0.63	0.12	0.75	26
Warsop	6	4	0.55	0.37	0.92	6
West Bridgford ..	8	2	0.44	0.11	0.55	7
Aggregate Urban Districts ..	154	41	0.56	0.15	0.71	207

TABLE X (i).

TUBERCULOSIS.—Year 1932.

RURAL DISTRICTS.			Deaths from Pulmonary Tuberculosis.	Deaths from <i>other</i> Tuberculous Diseases.	Death-rate per 1,000 of the population from Pulmonary Tuberculosis.	Death-rate per 1,000 of the population from <i>other</i> Tuberculous Diseases.	Death-rate per 1,000 of the population from <i>all</i> Tuberculous Diseases.	Patients admitted into Ransom Sanatorium.
Basford	..	..	26	3	0.47	0.05	0.53	17
Bingham	..	..	4	..	0.26	0.00	0.26	7
Worksop	..	..	3	1	0.21	0.07	0.28	12
East Retford		..	8	3	0.51	0.19	0.71	4
Leake	..	..	1	1	0.22	0.22	0.43	1
Misterton	..	..	5	2	1.26	0.50	1.77	3
Newark	..	..	3	2	0.32	0.21	0.53	3
Skegby	..	..	9	1	0.67	0.07	0.74	4
Southwell	..	..	12	4	0.37	0.12	0.49	9
Stapleford	..	..	5	3	0.38	0.23	0.61	3
Aggregate Rural Districts			76	20	0.43	0.11	0.54	63
Whole County			230	61	0.51	0.13	0.64	270

TABLE X (j). TUBERCULOSIS SCHEME OF THE NOTTINGHAMSHIRE COUNTY COUNCIL.

Memo.37/T. (revised)—(A) RETURN SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1932.

DIAGNOSIS.	PULMONARY.						NON-PULMONARY.						TOTAL.						Grand Total.
	Adults.			Children.			Adults.			Children.			Adults.			Children.			
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		
A.—NEW CASES examined during the year (excluding contacts) :— (a) Definitely tuberculous .. (b) Diagnosis not completed .. (c) Non-tuberculous	133	122		28	25		16	18		29	33		149	140		57	58		404
	—	—		—	—		—	—		—	—		24	22		20	18		84
	—	—		—	—		—	—		—	—		146	138		91	77		452
B.—CONTACTS examined during the year :— (a) Definitely tuberculous .. (b) Diagnosis not completed .. (c) Non-tuberculous	2	8		7	8		—	—		1	1		2	8		8	9		27
	—	—		—	—		—	—		—	—		1	5		3	4		13
	—	—		—	—		—	—		—	—		47	85		78	80		290
C.—CASES written off the Dispensary Register as :— (a) Recovered .. (b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	29	23		11	10		6	1		10	7		35	24		21	17		97
	—	—		—	—		—	—		—	—		209	253		196	192		850
D.—NUMBER OF CASES on Dispensary Register on December 31st :— (a) Definitely tuberculous .. (b) Diagnosis not completed	527	518		165	142		80	85		149	113		607	603		314	255		1779
	—	—		—	—		—	—		—	—		25	27		23	22		97

Table X (J)—contd.

1. Number of cases on Dispensary Register on January 1st	1865	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ..	28
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..	156	4. Cases written off during the year as Dead (all causes)	184
5. Number of attendances at the Dispensary (including Contacts)	5,759	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ..	29
7. Number of consultations with medical practitioners :— (a) Personal (b) Other	132 922	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	757
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ..	3,305 **332	10. Number of :— (a) Specimens of sputum, etc., examined .. (b) X-ray examinations made .. in connection with Dispensary work	663 *376 265
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above	—	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	502

(B) NUMBER OF DISPENSARIES FOR THE TREATMENT OF TUBERCULOSIS (EXCLUDING CENTRES USED ONLY FOR SPECIAL FORMS OF TREATMENT).

Provided by the Council .. Five Provided by Voluntary Bodies .. —

*Examinations made for the purposes of the Public Health (Tuberculosis) Regulations, 1930.

**Visits paid for the purposes of the Public Health (Tuberculosis) Regulations, 1930.

TABLE X (k).

Memo. 37/T (revised).

(C) NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF
TUBERCULOSIS ON THE 31ST DECEMBER, 1932, IN INSTITUTIONS
BELONGING TO THE COUNCIL.

NAME OF INSTITUTION.	FOR PULMONARY CASES.		FOR NON-PULMONARY CASES.		Total.
	Adults.	Children under 15.	Adults.	Children under 15.	
Ransom Sanatorium, Near Mansfield ..	90	20	Nil.	20	130
County Hospital, Kilton Hill, Worksop ..	12				12
County Institution, Basford ..	9				9
County Institution, Mansfield ..	27				27
County Institution, Bingham ..	No beds specially reserved.				—
County Institution, Newark ..	6				6
County Institution, Retford ..	No beds specially reserved.				—
County Institution, Southwell ..	No beds specially reserved.				—

TABLE X (l).

Memo. 37/T (revised).

(D) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION IN INSTITUTIONS (OTHER THAN POOR LAW INSTITUTIONS) APPROVED FOR THE TREATMENT OF TUBERCULOSIS DURING THE YEAR 1932.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of doubtfully tuberculous cases admitted for observation	Adult males	1	1	1	—	1
	„ females	—	1	—	—	1
	Children	—	1	1	—	—
	Total	1	3	2	—	2
Number of definitely tuberculous patients admitted for treatment	Adult males	50	120	99	15	56
	„ females	43	91	86	6	42
	Children	49	74	71	1	51
	Total	142	285	256	22	149
Grand Total ..		143	288	258	22	151

TABLE X (m).

Memo. 37/T (revised).

(E) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED IN POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE COUNCIL DURING THE YEAR 1932.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult males	11	19	13	11	6
	„ females	7	20	13	7	7
	Children	2	4	3	—	3
	Total	20	43	29	18	16
Number of patients suffering from non - pulmonary tuberculosis admitted for treatment	Adult males	3	6	3	1	5
	„ females	3	4	3	1	3
	Children	2	14	9	—	7
	Total	8	24	15	2	15
Grand Total ..		28	67	44	20	31

TABLE X (n).

Memo. 37/T. (revised).

(F) RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS DURING THE YEAR 1932.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ..	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
Non-tuberculous ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Doubtful ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1

TABLE X(o).

Memo. 37/T. (revised).

(G) RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS DURING THE YEAR 1932.

Classification on admission to the Institution.		Conditon at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.	
			Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			Totals.				
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.		Class T.B. minus.	Quiescent	7	3	8	13	17	28	6	7	12	—	—	1	26	27	49	102
Class T.B. plus Group 1.	Not quiescent ..		—	3	—	1	—	—	—	—	—	—	—	—	—	1	3	—	4
	Died in Institution ..		—	—	—	—	—	—	—	—	—	*1	—	—	—	—	—	1	1
	Class T.B. plus Group 2.	Quiescent	1	1	—	2	—	1	1	—	—	—	—	—	—	4	1	1	6
Not quiescent ..		—	1	—	1	—	—	—	—	—	—	—	—	—	1	1	—	2	
Died in Institution ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Class T.B. plus Group 3.	Quiescent	3	—	—	9	4	—	—	3	—	1	1	—	13	8	—	21		
	Not quiescent ..	8	1	—	14	8	—	4	3	—	3	1	—	29	13	—	42		
	Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Class T.B. plus Group 3.	Quiescent	—	—	—	1	1	—	1	2	—	—	—	—	2	3	—	5		
	Not quiescent ..	2	1	—	7	14	—	11	6	—	3	1	—	23	22	—	45		
	Died in Institution ..	5	3	—	4	1	—	5	2	—	1	—	—	15	6	—	21		
NON-PULMONARY TUBERCULOSIS.		Bones and Joints.	Quiescent	—	1	1	—	2	2	—	1	2	—	—	6	—	4	11	15
Abdominal.	Not quiescent ..		—	2	1	—	—	1	—	—	—	—	—	—	—	2	2	4	
	Died in Institution ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other Organs.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not quiescent ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Died in Institution ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Peripheral Glands.	Quiescent	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	2	2	
	Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

*Patient developed Encephalitis Lethargica with Endocarditis and Cerebral Embolism.

TABLE X. (p)

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1932 of all patients remaining on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926.				1926.				1927.				1928.							
	Class T.B. minus	Class T.B. plus			Class T.B. minus	Class T.B. plus			Class T.B. minus	Class T.B. plus			Class T.B. minus	Class T.B. plus						
		Group 1	Group 2	Group 3		Total (Class T.B. plus)	Group 1	Group 2		Group 3	Total (Class T.B. plus)	Group 1		Group 2	Group 3	Total (Class T.B. plus)				
(A)	Disease Arrested.	Adults M.	—	—	—	2	1	1	2	6	2	2	—	4	9	2	1	—	3	
		Adults F.	—	—	—	—	—	2	—	8	1	3	—	4	11	1	3	—	4	
		Children.	—	—	—	6	—	—	—	14	—	—	—	—	9	—	—	—	—	
	Disease Not Arrested.	Adults M.	—	—	—	—	1	5	—	—	—	5	1	6	1	1	10	2	13	
		Adults F.	—	—	—	2	—	4	3	7	2	—	7	5	5	3	8	2	13	
Condition not ascertained during the year.	Children.	—	—	—	4	—	—	—	—	14	—	—	—	—	11	—	—	1	1	
	Total on Dispensary Register at 31st December.	—	—	—	21	4	12	3	19	67	3	21	7	31	60	8	26	8	42	
(B)	Discharged as Recovered.	Adults M.	—	—	—	5	2	2	4	9	—	—	—	—	—	—	—	—	—	
		Adults F.	—	—	—	4	—	—	—	7	—	—	—	—	—	—	—	—	—	
		Children.	—	—	—	5	—	—	—	2	—	—	—	—	—	—	—	—	—	
	Lost sight of, or otherwise removed from Dispensary Register.		—	—	—	101	12	9	9	30	75	6	16	4	26	48	11	9	4	24
		Adults M.	—	—	—	9	8	15	54	77	11	3	17	48	68	6	5	23	48	76
Adults F.		—	—	—	14	2	17	42	61	15	4	18	63	85	9	3	12	62	77	
Dead.	Children.	—	—	—	5	—	2	2	4	5	—	1	5	6	—	1	—	5	6	
	Total written off Dispensary Register.	—	—	—	143	24	45	107	176	124	13	52	120	185	63	20	44	119	183	
GRAND TOTALS		..	—	—	—	164	28	57	110	191	16	73	127	216	123	28	70	127	225	

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE X. (p)—contd.

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1932 of all patients remaining on the Dispensary Register ; and (B) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the return relates.		1929.				1930.				1931.				1932.			
		Class T.B. plus				Class T.B. plus				Class T.B. plus				Class T.B. plus			
		Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Group 1	Group 2	Group 3	Total (Class T.B. plus)
(A)	Disease Arrested.	10	4	—	4	4	—	—	—	—	—	—	—	—	—	—	—
	Adults M.	10	4	—	4	4	—	—	—	—	—	—	—	—	—	—	—
	Adults F.	12	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—
	Children.	7	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
	Adults M.	8	7	17	27	25	3	28	43	7	38	11	56	4	51	16	71
(A)	Disease Not Arrested.	18	7	18	27	36	5	18	27	4	22	10	36	9	36	11	56
	Adults F.	18	7	18	27	36	5	18	27	4	22	10	36	9	36	11	56
	Children.	42	—	—	2	57	—	1	3	—	1	2	3	1	1	1	3
	Condition not ascertained during the year.	43	7	5	13	48	2	8	11	1	6	2	9	—	—	—	—
	Total on Dispensary Register at 31st December.	140	25	40	73	178	10	55	84	12	67	25	104	14	88	28	130
(B)	Discharged as Recovered.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Adults M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Adults F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Children.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register.	61	8	13	26	43	3	12	22	—	10	2	12	—	—	2	2
(B)	Adults M.	15	5	26	78	10	1	15	59	2	20	29	51	—	5	20	25
	Adults F.	15	2	16	53	13	2	16	71	—	17	29	46	—	2	15	17
	Children.	1	—	—	—	2	—	1	1	—	—	1	1	—	—	1	1
	Total written off Dispensary Register.	92	15	55	157	68	6	44	153	2	47	61	110	—	7	38	45
	GRAND TOTALS	232	40	95	230	246	16	99	237	181	114	86	214	165	95	66	175

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE X (p)—contd.

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1932 of all patients remaining on the Dispensary Register ; and (B) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926.					1926.					1927.					1928.					
	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	
Disease Arrested.	Adults M.	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	2	—	—	—	2
	Adults F.	—	—	—	—	1	—	—	—	1	—	1	1	—	1	3	3	1	—	—	4
	Children.	—	—	—	—	2	—	—	3	5	3	8	—	—	2	13	4	1	—	5	10
	Adults M.	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—
	Adults F.	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	—	—	—	1	1
Disease Not Arrested.	Children.	—	—	—	—	—	1	—	1	2	1	2	—	—	—	3	3	1	—	4	8
	Condition not ascertained during the year.	—	—	—	—	4	—	—	2	6	3	—	1	2	6	8	2	1	—	12	23
	Total on Dispensary Register at 31st December.	—	—	—	—	2	1	—	6	15	9	11	3	5	28	20	5	1	22	48	
	Transferred to Pulmonary.	—	—	—	—	1	1	—	1	3	—	—	—	—	—	1	—	—	1	—	2
		—	—	—	—	2	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered.	Adults M.	—	—	—	—	2	—	—	—	2	1	—	—	—	1	—	1	—	—	—	1
	Adults F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
	Children.	—	—	—	—	2	2	1	4	9	3	1	—	3	7	2	—	—	—	3	5
	Lost sight of, or otherwise removed from Dispensary Register.	—	—	—	—	9	9	1	17	36	14	6	2	15	37	16	7	3	17	43	
	Adults M.	—	—	—	—	3	—	1	—	4	—	—	1	—	1	—	—	—	1	—	1
Dead.	Adults F.	—	—	—	—	2	1	—	—	3	1	—	—	1	2	3	—	—	—	—	3
	Children.	—	—	—	—	2	—	—	1	3	4	1	—	—	5	1	1	—	—	—	2
	Total written off Dispensary Register.	—	—	—	—	20	12	3	22	57	23	8	3	19	53	23	9	3	21	56	
		—	—	—	—	28	13	3	28	72	32	19	6	24	81	43	14	4	43	104	
	GRAND TOTALS of (A) and (B) (excluding those transferred to Pulmonary).	—	—	—	—	28	13	3	28	72	32	19	6	24	81	43	14	4	43	104	

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE X (p)—contd.

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1932 of all patients remaining on the Dispensary Register; and (B) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the return relates.		1929.					1930.					1931.					1932.				Total
		Bones and Joints	Abdominal	Other Organs	Periphereal Glands	Total	Bones and Joints	Abdominal	Other Organs	Periphereal Glands	Total	Bones and Joints	Abdominal	Other Organs	Periphereal Glands	Total	Bones and Joints	Abdominal	Other Organs	Periphereal Glands	
Disease Arrested.	Adults M.	—	1	1	1	3	1	—	—	—	1	—	—	—	1	1	—	—	—	—	—
	Adults F.	1	—	—	—	1	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—
	Children.	5	3	—	11	19	1	2	—	7	10	1	2	—	7	10	—	—	—	1	1
	Adults M.	—	—	—	—	—	1	1	1	—	3	3	4	—	—	7	7	2	4	3	16
	Adults F.	1	—	—	—	1	3	—	1	2	6	2	4	1	3	10	6	1	3	5	15
Disease Not Arrested.	Children.	1	4	—	6	11	13	10	—	18	41	10	6	1	21	38	23	9	1	27	60
	Condition not ascertained during the year.	5	2	—	5	12	10	4	1	9	24	—	2	2	7	11	—	—	—	—	—
Total on Dispensary Register at 31st December.		13	10	1	23	47	29	17	3	38	87	16	18	4	39	77	36	12	8	36	92
Transferred to Pulmonary.		1	—	—	1	2	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered.	Adults M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Adults F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Children.	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register.	Adults M.	15	5	1	10	31	4	1	—	5	10	1	—	1	1	3	—	1	—	1	2
	Adults F.	—	1	1	—	2	1	—	1	—	2	—	—	1	—	1	—	—	—	—	—
	Children.	1	3	1	1	6	2	2	—	—	4	1	—	1	—	2	1	—	—	—	1
Total written off Dispensary Register.		17	9	3	12	41	7	4	1	5	17	2	1	3	1	7	2	3	—	1	6
GRAND TOTALS of (A) and (B) (excluding those transferred to Pulmonary).		30	19	4	35	88	36	21	4	43	104	18	19	7	40	84	38	15	8	37	98

(A)—Remaining on Dispensary Register on 31st December.

(B)—Not now on Dispensary Register and reasons for removal therefrom.

Table XI.

MIDWIVES ACTS, 1902-1926.

CLASSIFICATION OF THE CAUSES FOR WHICH MEDICAL HELP WAS
SOUGHT DURING THE YEAR 1932.

PREGNANCY :—

Abortion and threatened abortion	..	..	..	..	128
Haemorrhage	..	..	..	..	50
Albuminuria	..	..	..	..	43
Illness during pregnancy	..	..	..	..	22
Oedema	..	..	..	..	11
Excessive sickness	..	..	..	..	6
Dangerous varicose veins	..	..	..	..	5
Malpresentation	..	..	..	..	4
Fits or convulsions	..	..	..	..	3
Urinary complication	..	..	..	..	3
Abnormality in previous pregnancy	..	..	..	..	3
Contracted pelvis	..	..	..	..	2
Severe epistaxis	..	..	..	..	2
Purulent discharge	..	..	..	..	1
Prolapse	..	..	..	..	1
Cessation of movement	..	..	..	..	1
Delay in onset of labour	..	..	..	..	1
Hydramnios	..	..	..	..	1
Growth in vulva	..	..	..	..	1

LABOUR :—

Ruptured perineum	..	..	..	..	314
Delay in labour	..	..	..	..	279
Malpresentation	..	..	..	..	65
Uterine inertia	..	..	..	..	41
Excessive bleeding	..	..	..	..	40
Retained placenta	..	..	..	..	36
Occipito posterior	..	..	..	..	23
Illness of patient	..	..	..	..	23
Early rupture of the membranes	..	..	..	..	18
Premature labour	..	..	..	..	14
Placenta praevia	..	..	..	..	5
Other complications	..	..	..	..	5
Prolapsed cord	..	..	..	..	5
Fits or convulsions	..	..	..	..	3
Where no presentation could be made out	..	..	..	..	3
Contracted pelvis	..	..	..	..	6
By relative	..	..	..	..	2
Hydramnios	..	..	..	..	2
Unsuitable surroundings (emergency labour)	..	..	..	..	1
Albuminuria	..	..	..	..	1
Midwife unable to attend	..	..	..	..	1

LYING-IN :—

Rise of temperature	..	..	..	..	37
Illness of mother	..	..	..	..	20
Pain and swelling of breasts	..	..	..	..	15
White leg	..	..	..	..	7
Persistent lochia	..	..	..	..	3
Subinvolution	..	..	..	..	1

THE CHILD :—

Inflammation of, or discharge from, the eyes	..	..	..	..	65
Dangerous feebleness	..	..	..	..	46
Prematurity	..	..	..	..	44
Malformation	..	..	..	..	34
Stillbirth	..	..	..	..	27
Illness of child	..	..	..	..	16
Asphyxia	..	..	..	..	12
Jaundice	..	..	..	..	9
Skin eruptions	..	..	..	..	6
Convulsions	..	..	..	..	6
Phimosis	..	..	..	..	4
Haemorrhage	..	..	..	..	3
Retention of urine	..	..	..	..	2
Sudden death	..	..	..	..	1
Hernia	..	..	..	..	1
Injury received during birth	..	..	..	..	1

1,535

TABLE XII.

Return from Vaccination Officers respecting the Vaccination of Children whose Births were registered from 1st January to 31st December, 1931, inclusive.

REGISTRATION DISTRICTS.	SUB-DISTRICTS.	No. of Births returned in "Birth List Sheets" as registered from 1st January to 31st December, 1931.	†No. OF THESE BIRTHS ENTERED BY 31ST JANUARY, 1933, IN COLS. I., II., IV. AND V. OF THE VACCINATION REGISTER, VIZ. :—				NO. OF THESE BIRTHS WHICH ON 31ST JANUARY, 1933, REMAINED UNENTERED IN VACCINATION REGISTER ON ACCOUNT OF :—			No. of these Births on 31st January, 1933, neither duly entered in the Vaccination Register nor temporarily accounted for in the "Report Book."	Total No. of Certificates and copies of successful primary vaccination of children under 14 received during the calendar year 1932.	No. of Statutory Declarations of conscientious objection actually received by Vaccination Officers during the calendar year 1932.
			Successfully Vaccinated.	Insusceptible of Vaccination.	No. of Statutory declarations of conscientious objection received.	Died Unvaccinated.	Postponement by Medical Certificate.	Removal to other Districts, Vaccination Officers of which have been appraised.	Removal to places unknown or which cannot be reached and cases not having been found.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
BASFORD	Arnold	297	116	..	149	15	3	3	7	4	116	134
	Beeston	419	147	..	228	16	8	2	12	6	132	241
	Carlton	464	129	..	282	14	9	11	10	9	116	282
	Greasley	814	205	1	530	45	5	10	8	10	223	567
	Ilkeston	13	1	..	12	..	..	..	..	..	7	13
	Hucknall	338	53	..	262	10	2	4	5	2	55	258
BINGHAM	West Bridgford	234	64	1	131	11	8	4	8	7	60	133
	Bingham	184	55	..	112	8	2	..	3	4	48	142
EAST RETFORD	Clarlborough	108	26	..	77	5	..	..	..	..	39	92
	East Retford	243	53	1	170	16	1	2	..	..	56	157
	Gringley	45	21	..	21	3	..	..	..	..	12	21
	Tuxford	60	33	..	25	2	..	..	..	..	20	31
MANSFIELD	Blidworth	116	15	..	65	9	..	1	1	25	23	94
	Mansfield	735	31	..	452	62	9	5	32	144	87	458
	Sutton-in-Ashfield	638	117	1	473	35	3	4	5	..	102	495
	Warsop	486	28	..	338	31	9	2	21	57	88	325
NEWARK	Balderton	56	11	..	43	1	..	..	1	..	10	35
	Collingham	38	7	..	19	3	..	..	..	9	5	34
SOUTHWELL	Newark	364	70	..	256	21	6	3	5	3	76	246
	Kneesall	440	75	..	259	26	1	..	27	52	105	277
WORKSOP	Southwell	159	63	3	75	4	1	2	6	5	61	72
	Carlton	317	78	1	170	9	6	2	19	32	66	167
DONCASTER	Cuckney	11	5	..	4	1	..	1	..	8	132	357
	Worksop	485	107	1	336	23	..	6	4	..	..	..
LOUGHBOROUGH	Bawtry and Tickhill	18	9	..	5	1	..	..	1	2	8	9
	East Leake	38	8	..	27	2	..	1	..	..	12	40
GAINSBOROUGH	Misterton	53	11	..	39	3	..	..	..	..	16	28
	Castle Donington	13	..	..	13	..	..	..	..	..	3	..
SHARDLOW	Stapleford	253	62	..	130	14	4	7	14	22	36	126
	TOTALS	7,439	1,600	9	4,703	390	77	70	189	401	1,714	4,834

†There were no Births entered in "Vaccination Register" by 31st January, 1933, as having had Smallpox.

TABLE XIII.

SUMMARY OF PROCEEDINGS UNDER THE VACCINATION ACTS.
From 1st January 1932, to 31st December, 1932.

DIS- TRICT.	No. of Cases in Birth Lists received during the period.	No. of Certificates of Vaccination received.	No. of Certificates of Postponement owing to			No. of Certificates under Sec. 2 of Vac- cination Act, 1898, and No. of Statutory Declarations under Sec. 1 of the Vaccination Act, 1907.	No. of Certi- ficates of Insuscepti- bility or of having had Smallpox.	No. of Cases.		No. of Entries in Lists sent to Public Vaccin- ators.	Proceedings taken.			Orders Granted.
			Health of Child.	Condition of House.	Prevalence of Infectious Disease.			Parents re- moved out of District.	Otherwise not found.		Under Sec. 29 of Vaccination Act, 1867, or Sec. 7 of Vaccination Act, 1871.	Cases Dis- missed.	Under Sec. 31 of Vaccination Act, 1867.	
No. 1	209	67	—	—	—	142	1	1	—	35	1	*1	—	—
2	296	74	4	—	—	177	—	5	—	95	—	—	—	—
3	489	132	—	—	—	357	1	13	1	53	—	—	—	—
4	274	76	—	—	—	191	—	—	—	15	—	—	—	—
5	445	105	2	—	—	277	—	—	—	166	—	—	—	—
6	1,319	173	13	—	—	877	—	35	—	360	—	—	—	—
7	657	116	1	—	—	495	1	7	6	109	—	—	—	—
8	141	61	—	—	—	72	—	—	—	26	—	—	—	—
9	2,680	821	52	—	—	1,732	6	40	4	833	—	—	—	—
10	59	11	—	—	—	15	—	—	—	—	—	—	—	—
11	177	48	4	—	—	142	—	1	2	14	—	—	—	—
12	57	10	—	—	—	35	—	—	—	8	—	—	—	—
13	389	81	7	—	—	280	—	5	—	87	—	—	1	†1
Totals	7,192	1,775	83	—	—	4,792	9	107	13	1,801	1	1	1	1

*Dismissed on payment of costs.

†Child to be vaccinated within 14 days.

TABLE XIV.

VACCINATION.

RETURNS SHOWING THE NUMBERS OF PERSONS SUCCESSFULLY VACCINATED AND RE-VACCINATED AT THE COST OF THE RATES BY THE MEDICAL OFFICERS OF THE POOR LAW INSTITUTIONS AND THE PUBLIC VACCINATORS DURING THE YEAR ENDED 30TH SEPTEMBER, 1932.

	Name of Poor Law Institution or Vaccination District.	Name of Medical Officer or Public Vaccinator.	Numbers of Successful Primary Vaccinations of Persons.			Number of Successful Re-Vaccinations, i.e., of Persons who had been successfully vaccinated at some previous time.
			Under One Year of age.	One Year and upwards.	Total.	
						XXX.
	Basford Poor Law Institution ..	Dr. W. J. Candlish	..	12	12	..
	Bingham Poor Law Institution ..	Dr. O. Eaton	..	..	..	..
	East Retford Poor Law Institution ..	Dr. J. C. Teasdale	4	..	4	..
	Mansfield Poor Law Institution ..	Dr. H. L. Flint	..	..	..	..
	Southwell Poor Law Institution ..	Dr. E. Lloyd	..	..	..	..
	Worksop Poor Law Institution ..	Dr. A. R. Wallis	..	10	10	..
	Kilton Hill Hospital ..	"	1	..	1	..
	Newark Poor Law Institution ..	Dr. H. F. Hine	1	4	5	..
No. 1 District	..	Dr. W. Thompson	6	1	7	..
2	..	Dr. T. Elliott	9	..	9	1
3	..	Dr. W. F. Ward	48	..	48	..
4	..	Dr. T. F. J. Ryan	24	3	27	..
5	..	Dr. H. E. Humphrys	27	..	27	..
6	..	Dr. E. A. Mackenzie	17	..	17	..
7	..	Dr. C. E. Droop	4	7	11	..
8	..	Dr. J. C. Teasdale	23	..	23	2
9	..	Dr. A. R. Wallis	64	15	79	..
10	..	Dr. P. B. Whittington	18	..	18	4
11	..	Dr. C. J. Palmer	27	78	105	1
12	..	Dr. P. H. Court	16	13	29	1
		Carried forward ..	289	143	432	9

TABLE XIV.—continued.

VACCINATION.

No.	13 District	Name of Poor Law Institution or Vaccination District.	Name of Medical Officer or Public Vaccinator.	Numbers of Successful Primary Vaccinations of Persons.			Number of Successful Re-Vaccinations, i.e., Successful Vaccinations of Persons who had been successfully vaccinated at some previous time.
				Under One Year of age.	One Year and upwards.	Total.	
			Brought forward	289	143	432	9
14	"	"	Dr. A. H. Gifford	27	2	29	1
15	"	"	Dr. A. G. Naylor	16	2	18	..
16	"	"	Dr. W. Deane	5	..	5	..
17	"	"	Dr. C. E. Droop	1	..	1	..
18	"	"	Dr. O. H. Rogerson	35	4	39	..
19	"	"	Dr. S. Littlewood	47	344	391	31
20	"	"	Dr. J. Gaston	7	..	7	..
21	"	"	Dr. J. Young	69	8	77	2
22	"	"	Dr. A. B. Waller	56	10	66	1
23	"	"	Dr. E. Bertram Smith	28	9	37	8
24	"	"	Dr. R. W. Nairn	7	3	10	..
25	"	"	Dr. E. Lloyd	13	2	15	..
26	"	"	Dr. H. F. Hine	62	3	65	..
27	"	"	Dr. R. O. Brooks	21	..	21	6
28	"	"	Dr. B. A. West	18	2	20	..
29	"	"	Dr. H. Francis	101	23	124	..
30	"	"	Dr. M. R. Saunders	39	1	40	..
31	"	"	Dr. M. E. Kayton	11	2	13	..
32	"	"	Dr. W. H. France	24	2	26	..
33	"	"	Dr. J. E. Fletcher	51	6	57	..
34	"	"	Dr. G. R. Northwood	119	7	126	..
35	"	"	Dr. E. Kingsbury	24	1	25	..
36	"	"	Dr. W. R. Smith	78	6	84	..
37	"	"	Dr. W. T. Torrance	82	5	87	1
38	"	"	Dr. C. B. Crofts	18	1	19	..
39	"	"	Dr. E. E. Allaway	22	1	23	..
40	"	"	Dr. J. W. M. Hunter	17	1	18	..
41	"	"	Dr. A. L. Rhind	7	..	7	..
42	"	"	Dr. A. T. Woolward	6	11	17	5
			Dr. J. C. P. Beatty	10	1	11	2
TOTALS				1,310	600	1,910	66

TABLE XV.

HOUSING STATISTICS, 1932.

	Mansfield.	Workshop B.	Newark B.	E. Retford B.	Arnold.	Beeston.	Carlton.	Eastwood.	Hucknall.	Huthwaite.	Kirkby-in-Ashfield.	Mansfield Woodhouse	Sutton-in-Ashfield.	Warsop.	West Bridgford.	Basford.	Bingham.	Workshop R.D.	E. Retford R.D.	Leake.	Misterton.	Newark R.D.	Skegby.	Southwell.	Stapleford.
I. Inspection of Dwelling-houses during the year :—																									
(1) (a) Total number of dwelling-houses inspected for housing defects (under P.H. or Housing Acts)	1342	303	230	253	519	149	496	340	195	132	375	385	233		1800	2015	40	281	95	17	100	190	278	157	235
(b) Number of Inspections made for the purpose	2734	303	230	338	1206	260	496	420	278	132	563	385	425		..	2348	55	316	140	42	100	240	350	260	475
(2) (a) Number of dwelling-houses (included under subhead (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	88	117	135	66	143	38	90	340	75	..	..	42	153		..	..	40	281	53	17	100	144	..	40	9
(b) Number of Inspections made for the purpose	194	117	135	137	454	38	90	420	167	..	..	42	398		..	..	55	281	53	42	100	180	..	72	18
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	61	54	62	32	18	41	..	57	13	23	44	5		..	17	25	..	2	6	3	2	13	..	3
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	150	98	54	141	487	93	280	41	183	76	149	347	210		..	257	15	188	63	11	40	21	179	98	15
2. Remedy of Defects during the year without Service of formal Notices :—																									
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1294	143	71	140	446	84	213	38	80	125	64	283	231		..	192	20	52	45	6	40	24	158	120	..
3. Action under Statutory Powers during the year :—																									
A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—																									
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	13	25	102	..	10	9	49	8	21	28	75	..	..		..	42	..	9	..	..	..	4	78	2	28
(2) Number of dwelling-houses which were rendered fit after service of formal notices	10	25	27	..	4	9	49	8	18	28	75	..	..		..	59	..	9	..	..	..	4	73	..	28
(a) By owners	..	..	..	..	..	..	..	..	2	..	..	..	..		..	6	..	..	..	..	..	..	..	..	..
(b) By Local Authority in default of owners	..	..	..	..	..	..	..	..	..	..	..	..	..		..	..	..	..	..	..	..	..	..	..	..
B.—Proceedings under Public Health Acts :—																									
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	86	50	70	13	26	..	18	21	20	..	..	74	320		21	19	..	..	..	..	..	6	8	27	92
(2) Number of dwelling-houses in which defects were remedied after service of formal notices	82	54	63	13	26	..	18	21	17	75	356		21	19	6	8	24	92
(a) By owners
(b) By Local Authority in default of owners

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